ELL Programming Data
(to be completed at time individual student is considered by LAC)

Student Name: _____   School: _____

DOB: _____   Grade:_____   Date:_____

Brief background in language history:

Evaluations completed:

Summary of evaluation results:

ELL Program recommendations:

LAC signatures:

Principal:_____   Parent:_____

Teacher:_____   Literacy Specialist:_____

Teacher:_____   LAU Tutor:_____

Other interested adults (indicate position/relationship):