

Household Name \_\_\_\_\_

Student Name \_\_\_\_\_

### Ethnic Background

Scan ESL Teacher  Orig. CF  PD  LEP Tab

Ethnic Background Hispanic/Latino:

1. Is this student **Hispanic or Latino/a**? (choose only one)

No, not **Hispanic or Latino/a**

Yes, **Hispanic or Latino/a** – A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race

2. What is the student’s race? (Choose one or more)

**American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

**Asian or Pacific Islander** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent.

**Black or African American** (Not of Hispanic Origin) - A person having origins in any of the Black racial groups of Africa

**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** (Not of Hispanic Origin) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

*Note: Failure to answer both questions will result in use of prior racial ethnic data or an observer identifying for you.*

*Note: The United States Department of Education has directed how various combinations of race/ethnicity are to be reported. All persons identifying Hispanic/Latino/a will be reported as ‘Hispanic’. Non-Hispanic person who identify with a single race will be reported within the specified category. Non-Hispanic person who identify with multiple races will be reported within ‘Two or more races’.*

### Language Background Information

Please answer the questions below accurately and completely. This information is necessary to provide the most appropriate placement and instruction for your child and will not be used for any other purposes.

1. What was the first language(s) that this student spoke? \_\_\_\_\_

2. Is there a language other than English spoken in the home? Yes  No

Which language(s)? \_\_\_\_\_

3. Does the student speak a language other than English? Yes  No

Which language(s)? \_\_\_\_\_

### School Use Only

**Teacher Checklist to be filled out by second language program teacher for all PHLOTE students:**

A. This student most proficiently speaks:

\_\_\_\_ 1. English \_\_\_\_ 2. Language other than English \_\_\_\_ 3. Difficult to determine

B. This student best understands:

\_\_\_\_ 1. English \_\_\_\_ 2. Language other than English \_\_\_\_ 3. Difficult to determine

**Assessment Results for PHLOTE students:**

W-APT Results					
	Kinder 1st Semester: Listening & Speaking W-APT	Kinder 2nd Semester: All 4 domains W-APT	Grade 1, 1st Semester: All 4 domains of Kinder W-APT	Grade1, 2nd Semester : All 4 domains of 1st grade W-APT	Grades 2-12: All 4 domains of appropriate grade level W-APT
NEP	0-21	0-28	0-28	≤ 3	≤ 3
LEP	22-28	25-59	29-59	3.1-4.9	3.1-4.9
May not be EL:	29+	Oral 29+, Reading 14+ Writing 17+	Oral 29+, Reading 14+ Writing 17+	5 or higher & 5 in each domain	5 or higher & 5 in each domain
<b>Score</b>					

### Body of Evidence used to determine language proficiency

	State Assessments	District Assessments	Content Assessments
Name of Assessment			
Reading Scores			
Writing Scores			
Other Scores			

Student is: (Mark One) NEP  LEP  PHLOTE  FELL

Parent Refusal \_\_\_\_\_

Teacher’s Signature \_\_\_\_\_

Date: \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_