# ELL OFFICE

# REQUEST FOR RE-EVALUATION

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| --- | --- | --- |
| STUDENT NAME:      | GRADE:      | DISTRICT ID #:      |
| SCHOOL:      | DATE SUBMITTED:      | M1[ ]  | M2[ ]  |

1. ***Has the student been reassigned as English-proficient for at least one semester?***

Yes [ ]  No [ ]

1. ***Is the student receiving the instructional supports available to all students?***

Yes [ ]  No [ ]  If yes, describe here:

1. ***Have you implemented other supports/interventions specifically for this student?***

Yes [ ]  No [ ]  If yes, describe here:

1. ***Do you believe this student is struggling academically due to English as a second language acquisition needs?*** Yes [ ]  No [ ]

If yes, describe the evidence here:

1. ***With whom have you met to discuss the concerns? The persons listed here should sign below.***

[ ]  Parent/guardian(s)

[ ]  ELL Tutor

[ ]  I-Team or interventionist

[ ]  Special education teacher(s)

[ ]  Administrator(s)

[ ]  Other teacher(s)

***Signatures***