# ELL OFFICE

# REQUEST FOR RE-EVALUATION

|  |  |  |  |
| --- | --- | --- | --- |
| 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***