

The School Board of Broward County, Florida  
Bilingual/ ESOL Department

**Request for Pre IPT Screening**  
**Temporary Form due to COVID- 19**

**Instructions:** Complete the form and email to [esolrequests@browardschools.com](mailto:esolrequests@browardschools.com)

**School**\_\_\_\_\_ **Date**\_\_\_\_\_

**Contact Person**\_\_\_\_\_ **Position**\_\_\_\_\_

**Phone Number**\_\_\_\_\_ **Email Address**\_\_\_\_\_

Student's Name (Last, First, Middle)	Birthdate	Language	Name of Parent(s) or Legal Guardian	Phone Number	Email Address