

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Bilingual/ESOL Department

Special Populations Language Dominance Questionnaire
School Form (REVISED DUE TO COVID-19)

This form is for students whose verbal skills are too limited in any language to complete a formal language assessment test of oral proficiency and are "unable to be classified." See Procedures for Using the Special Populations Language Dominance Questionnaire.

Student's Name: _____ D.O.B.: _____
Last First Middle

School Name: _____ Grade Level: _____

Length of Time in English-speaking School Setting: _____

Briefly describe the conditions that prevent formal testing: _____

I. INITIAL LANGUAGE CLASSIFICATION RECOMMENDATION:

Name of Language Assessor

Date of Assessment

Job Title

Testing Location e.g. School, Center, FDLRS, Ann Storck

The School ESOL Support Team Members and Parent/Guardian met on:

Date

English Language Learner (ELL)

Yes _____ (ELL CODE: U/LY)

No _____ (ELL CODE: U/ZZ)

ELL Committee Team Members:

Was the Parent in attendance? Yes _____ No _____