

Intake #
22-

2021-2022 BILINGUAL ASSESSMENT INTAKE FORM

Please email this form to: LPASintakes@nasboces.org

PLEASE NOTE: District Administrator must have final approval of this request for services.

Student's Name: _____ Date of Birth: _____ Gender: M or F
(Last) (First)

Native Language: _____ Grade: _____ District **and** School: _____

As per guidance from NYSED's Office of Special Education and Office of Bilingual Education and World Languages, score reports will be sent only to building evaluators. Please provide contact information for the appropriate psychologist **and** speech pathologist.

Psychologist: _____ Email: _____

Speech Pathologist: _____ Email: _____

Designated District Contact Person: (To whom evaluation report(s) will be sent) _____

Title: _____ School/Office Address: _____

Phone #: _____ E-mail: _____

• Typically, Nassau BOCES bilingual evaluators conduct evaluations in the home. This facilitates the collection of data from the family. If you prefer that the student be tested at the school, please contact our office to make arrangements.

• **Consent forms and Prior Written Notice in parents'/guardians' native language must be signed and attached.**

BILINGUAL ASSESSMENT SERVICES: (Please check all services requested):

- 1. Psychological Evaluation*
- 2. Educational Evaluation*
- 3. Social History
- 4. Speech-Language Evaluation*
- 5. New Entrant/Kindergarten Screening

CSE Date: _____

Date Evaluator Report Due to BOCES:

For BOCES Use Only

**If specific tests are required for an evaluation, please note here:*

Date Editor Report Due to BOCES:

For BOCES Use Only

Designated School District Administrator: _____

Print Name

Signature

Title: _____ Phone #: _____ E-mail: _____

Date: _____

PLEASE COMPLETE ALL ITEMS

Student's Name: _____ Years in U.S. _____
 (Last) (First)

Native Language: _____ Country of Origin: _____

With whom does child reside? both parents mother father other, please specify _____

Mother Father Guardian _____
 (Last) (First)

Mother Father Guardian _____
 (Last) (First)

Home Address: _____

Home #: _____ Work #: _____ Cell #: _____

A. Reason for Referral (*please be specific*): _____

Student is already classified. Classification: _____

B. Is Consent to Evaluate (native language) form attached? Yes No

Is Prior Written Notice attached? Yes No

C. Is the Home Language Questionnaire attached? Yes No

D. Is the student non-verbal secondary to a diagnosed condition? Yes No

E. Schools Attended:

When did the student enter your school district? _____

Names of other school district(s) attended: _____

F. Was the student given a bilingual screening, psychological, educational, speech language or other evaluation in the past? Yes No

If Yes, please check type(s) of evaluation and list date(s) administered:

Bilingual Psychological _____ Bilingual Educational _____

Bilingual Speech Language _____

Other, please specify _____

G. HEALTH:

1. Does the student have a diagnosed condition? _____
2. General Health Good Other: _____
3. Medication No Yes/Comments: _____
4. Wears Glasses No Yes/Comments: _____
5. P/Ed Restrictions No Yes/Comments: _____
6. Date of Last Physical Examination: _____

H. INTERVENTION/SERVICES: Indicate below interventions or services and their frequency.

Intervention	Frequency	Individual (I) or Group (G)
Audiology		
Vision Therapy		
Resource Room		
Counseling		
Speech-Language Therapy		
Physical Therapy		
Occupational Therapy		

I. OTHER INTERVENTIONS: Indicate below interventions or services and their frequency

Intervention	Frequency	Individual (I) or Group (G)
AIS - Reading		
AIS - Math		
Alternative Approaches to Learning		
Adjusted Assignments (e.g. fewer)		
Schedule Adjustments		
Individualized Program Based on Skill Level		
Speech Improvement (ERSS)		
Tutoring		
Consultation Services		

Other:

J. SPEECH/LANGUAGE/COMMUNICATION:

(Please check areas with which child has significant difficulty within the classroom)

- Articulation/Intelligibility Dysfluencies (i.e., stuttering) Comprehension of directions/vocabulary
- Verbal expression Maintaining topic relevancy
- Additional Concerns: _____

K. Has student ever been suspended from school? (Please provide details):

L. GENERAL WORK HABITS *(Please check appropriate box)*

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>
Completes work/homework				
Motivated to learn				
Attentive to task				
Generalizes learning to new situations				
Works independently				
Short attention span/Distractible				

M. Classroom Teacher Name: _____

Please answer the following questions:

1. What is the student's grade-level achievement in reading and in math in comparison to classmates with his/her level of exposure to English? _____

2. What supports does the student need in the classroom to follow directions, complete work, etc.? What are his/her strengths/weaknesses? _____

3. Have you noticed any progress over time? _____

4. How do his/her comprehension and expressive language skills compare to those of his/her classmates with same level of exposure to English? _____

N. ENL Teacher Name: _____ **Frequency of ENL:** _____

Please answer the following questions:

1. What supports does the student need in the classroom to follow directions, complete work, etc.? What are his/her strengths/weaknesses? _____

2. Have you noticed any progress over time? _____

3. How do his/her comprehension and expressive language skills compare to those of his/her classmates with same level of exposure to English? _____

S	P	L
---	---	---