

Northern Kentucky Cooperative for Educational Services
~ Student Referral ~

All fields must be completed.

Today's Date _____ District/School _____

Teacher/Team Name (elementary) _____

Student Information

Student's Name _____ SSID # _____

Gender _____ Date of Birth _____ Place of Birth _____

Previous Education

Date of enrollment in your district _____ Date of first enrollment in a U.S. school _____

Previous ESL Instruction? _____ If yes, where? _____

If yes, for how long? _____

Has this student ever repeated a grade? _____ If yes, which grade? _____

Describe previous schooling by completing the following information:

Grade Level	Age	School Year	Completed Yes/No	Country (if in the U.S. list city, state, & district)	Language of Instruction
Pre-K					
K					
1 st					
2 nd					
3 rd					
4 th					
5 th					
6 th					
7 th					
8 th					
9 th					
10 th					
11 th					
12 th					

Does this student qualify as any of the following (✓ all that apply):

- Limited formal schooling** – a student who has come from a country in which he/she had limited or no access to formal education.
- Interrupted schooling** – a student who has missed school for a significant portion (a continuous month or more) of the current school year, whether un-enrolled and subsequently re-enrolled, or considered absent.

Family Information

Is there an adult at home that can speak or read English fluently? Yes No

If yes, name: _____ Relationship: _____

School age siblings:	<u>Name</u>	<u>Age</u>	<u>School</u>

Completed by: _____