

Dual Language Assessment Request Form

Student Name I	D Number Sex	Male Female Grade
DOB Place of Birth	Home Language(s)	
Entry Date U.S.	Entry Date FCPS	
Years of U.S. Schooling	Years of Schooling in Home Lang	guage
Retention in Home Country? Yes No	Interrupted Education?	☐ Yes ☐ No
Parent or Guardian Name	Parent or Guardian Home Country	
Home Phone Work	Phone	
Describe the area of concern.		
Date of Submission_	Name of DLA consultant (if	applicable)
Referring Source	Title	Date
School	Cluster Phone	
Local Screening Chairperson		Phone
ESOL Dept. Chairperson/Leader Teacher		Phone
School Counselor	(for MS and HS only)	Phone
Student's current WIDA English Language Proficiency L 1-Entering 2-Emerging 3-De (Level 6-Reaching is considered English proficient. Dominant Have ongoing interventions targeted to the specific ar (Please attach documentation, including dates and res Has there been a previous DLA Consultation? Yes If not, is the DLA needed for reevaluation? Yes Is student currently receiving special education service Has there been a previous Dual Language Assessmen	veloping	
If there is a physical condition that may affect the adn	ninistration of assessments, please	e describe:
	earing Aids	

Please email to DLA@fcps.edu along with a scanned copy of the Home Language Survey and supporting documentation.

Office of Language Acquisition and Title I

<u>Dual Language Assessment Service</u>
Leis Administrative Center
(703) 208-7801