

### SPELL Referral

To complete a SPELL referral please fill out the demographic and WIDA information below. Review the SPELL Checklist to ensure all required documentation is accounted for. Please put it in the order listed on this form. Then submit this form along with required documentation to the SPELL Committee ([spedspell@dsdmail.net](mailto:spedspell@dsdmail.net)) for review. The SPELL committee meets the 1<sup>st</sup> and 3<sup>rd</sup> Friday of the month.

Student:		Birth Date:	
Grade:		Age:	
School:		Form Completed By:	
Home Language:			

#### **Educational History:**

Grade:	School Attended	Location	Bilingual Immersion?
Pre-			Y N
K			Y N
1			Y N
2			Y N
3			Y N
4			Y N
5			Y N
6			Y N
7			Y N
8			Y N
9			Y N
10			Y N
11			Y N
12			Y N

#### **Current WIDA Scores:**

❖ WIDA testing results that contain subtest scores can found in Utah Data Gateway: A teacher with the child on their rolls needs to log on to Utah Data Gateway (they may need to create an account with their Cactus ID> WIDA>Student name>Most recent WIDA report (print and send this)

**Include most current scores below (Please indicate if WIDA A or P)**

<b>Overall Proficiency Score:</b>	Writing		Speaking	
	Reading		Listening	

#### **Required Information to request a SPELL committee review:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> SPELL Referral Form (this form)</li> <li><input type="checkbox"/> School Registration Form (including completed Home Language Survey)</li> <li><input type="checkbox"/> Pre-Referral Checklist</li> <li><input type="checkbox"/> Parent / Caregiver Interview</li> <li><input type="checkbox"/> Language Checklist (CLIC or BICs/CALPs form)</li> <li><input type="checkbox"/> Info from ESL Tutor if available</li> <li><input type="checkbox"/> WIDA score report from Utah Data Gateway (unless moved in from out of State)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> At-Risk Documentation</li> <li><input type="checkbox"/> Hearing and Vision testing complete</li> <li><input type="checkbox"/> Areas of concern marked</li> <li><input type="checkbox"/> Intervention description and data (including for comparison peers where possible) for at least two interventions per area of concern</li> <li><input type="checkbox"/> Administrator signature</li> </ul> |
|---|---|

**In order that we send the Memo to the right people, please indicate the names of each of the following:**

School LEA(s):  
SLP:

School Psychologist:  
Special Ed teacher(s):

## Pre-Referral Checklist for K-12 Student

### Is a Special Education referral appropriate for this English Language Learner?

*This checklist helps school personnel to collect pertinent information to determine if a referral for special education is warranted. The school's LCMT team should fill it out together while going through the Pre-referral process.*

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

Yes	No	D/K	<b>Checklist</b> (L1 = First or home language; L2=English )
			<b><i>After reviewing the Parent Interview Form, please answer questions 1 and 2.</i></b>
			<b>1. Does the child have age-appropriate development in *L1 (their home language)?</b>
			a. Has the child been regularly exposed to L1 literacy-related material?
			b. Is the child's vocabulary in L1 well-developed?
			c. Was the child's L1 fluent and well-developed when he/she began learning English?
			d. Have the child's parents been encouraged to speak and/or read in L1 at home?
			<b>2. Has the student's personal data and family history been investigated and reviewed?</b>
			a. After reviewing all information available, factors such as poverty, missing parent, poor attendance, high degree of mobility, etc. have been ruled out as factors contributing to student's difficulties.
			<b><i>Please review the Parent Interview, cumulative file and contact previous schools as needed to answer questions related to #3.</i></b>
			<b>3. Have the student's school records (past and present) been located, reviewed, and analyzed? If past records are not available, have other means of gathering this data been implemented?</b>
			a. Has the student participated in a quality ESL program(s) in previous years?
			b. Has the student had the benefit of uninterrupted formal schooling throughout his/her educational career?
			c. Does the language of instruction in the student's previous schooling match the language of instruction in the student's current learning environment? <i>If current or previous schooling was in a bilingual or immersion program, please indicate the language of instruction:</i>
			<b>4. Has data been collected, reflecting both strengths and difficulties, regarding the students' development of reading, writing and speaking English as well as their home language?</b>
			* For articulation <b>only</b> and/or stuttering <b>only</b> referrals, you may proceed directly to section 5
			a. Results of student achievement and growth in previous years have been reviewed (ie. SAGE, Progress monitoring, writing samples, reading samples).
			b. Current data ( <b>progress monitoring</b> , work samples) have been collected over time, reviewed, and analyzed.
			c. If student is in an immersion program, current data in immersion language is available. <i>(please write N/A if it is not applicable).</i>
			d. If student has received academic instruction in their primary language, data related to academic progress in L1 has been collected, reviewed and analyzed. <i>(please write N/A if not applicable).</i>
			e. All domains of WIDA Scores (writing, reading, speaking, listening) have been reviewed and compared to academic demands to ensure student is not being asked to perform task he or she does not have language proficiency for. For help interpreting

			WIDA scores please consult the CAN-DO descriptors on the WIDA website. <a href="https://wida.wisc.edu/teach/can-do/descriptors">https://wida.wisc.edu/teach/can-do/descriptors</a>
			f. Previous WIDA scores have been reviewed and analyzed for progress. WIDA testing results can found in Utah Data Gateway: A teacher with the child on their rolls needs to log on to Utah Data Gateway (they may need to create an account with their Cactus ID> WIDA>Student name>Most recent WIDA report (print this for the file)
			<b>5. Has information been considered regarding the student’s cultural development?</b> *Online.culturegrams.com is a great resource. If you access it through <a href="http://onlinelibrary.uen.org/">http://onlinelibrary.uen.org/</a> while in a school location, it does not require a subscription. Select World Edition, find the country of interest, then explore the cultural information (recommended areas include: General Attitudes, Customs and Courtesies, Lifestyle and Education).
			a. The student’s culture has been identified and staff is aware of similarities and potential mismatches or conflicts with the dominant or school culture.
			b. The effects of any trauma exposure or post-traumatic stress has been considered.
			c. The student appears to be able to deal with family and school cultures being different from one another.
			<b>6. Have appropriate interventions, capitalizing on student’s strengths and reflective of “best practice” in the field of bilingual/ESL education, been suggested, implemented, and documented in an attempt to remedy the student’s difficulty?</b> (verification of interventions must be sent to the SPELL committee)
			a. Is the teacher ESL certified?
			b. Is there progress monitoring (more than pre/post data) demonstrating response to a suggested intervention? Consider both time and a variety of contexts.
			c. Have other additional programming alternatives been tried in addition to, not in place of, bilingual/ESL programming? i.e. Title I, after-school programs, one-on-one tutoring, reading assistance, reading recovery, counseling, extra- curricular activities, etc.
			<b>7. Have all teachers, his or her parents and other personnel worked together to create a linguistically, academically and culturally appropriate and supportive learning environment for the student experiencing difficulty?</b>
			<b>8. Checklist Summary</b>
			a. School team has reviewed all information collected to complete this form
			b. School team has reviewed the Parent Interview Form
			c. School team has reviewed BICS and CALPS
			d. Team believes that second language acquisition is not the primary factor inhibiting the student’s learning and progress.
* You may be asked to find information for any “Don’t Knows” indicated above before proceeding with a Special Education evaluation.			
<b>Notes or Comments:</b>			
<b>Names of staff members completing this form</b>			

**Additional Questions:**

1. Percentage of ELL students in your school? (# ELL divided by Total Students) \_\_\_\_\_
2. Percentage of ELL students in your school n an IEP? (#ELL in Sped divided by #ELL) \_\_\_\_\_

## Parent/Caregiver Interview

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Person's name giving this information: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Today's date: \_\_\_\_\_

### ***Dear Parent or Guardian,***

*In order to provide your child with an appropriate education, we need to know about his or her language and education background. There are no right or wrong answers to the questions below. Your honesty and thoughtfulness in answering these questions is greatly appreciated and will directly benefit your child's education.*

If there is more than one language spoken in your house, please feel free to include them all in your answers.

### **When your child was a baby/young child:**

1. At what age did your child babble? \_\_\_\_\_ At what age did your child say his/her first words? \_\_\_\_\_ At what age did your child begin to use phrases? \_\_\_\_\_
2. Were there any concerns when your child first began speaking?  
\_\_\_\_\_
3. In what language did your child say his/her first words?  
\_\_\_\_\_
4. In what language did your child speak as a baby or young child?  
\_\_\_\_\_
5. What language(s) did you speak to your child when he/she was a baby or young child? If multiple languages, what percentage of the time did you speak each language to your child?  
\_\_\_\_\_
6. What language(s) did other individuals in your house (other caregivers, babysitters, siblings, relatives) speak to your child when he/she was a baby or young child? If multiple languages, what percentage of the time did they speak each language?  
\_\_\_\_\_
7. What language(s) did you use to sing and/or read to your child when he/she was a baby or young child?  
\_\_\_\_\_

8. At what age was your child first introduced to English (through tv, siblings, caregivers, preschool, etc.)? \_\_\_\_\_
9. How long has your child lived in an English-speaking country? \_\_\_\_\_

**At the present time:**

1. What language(s) are spoken in the child's home or residence most of the time? If multiple languages, what percentage of the time are each spoken?  
\_\_\_\_\_
2. What language do parents mostly use to speak to your child now?  
\_\_\_\_\_
3. What language does your child mostly speak to you?  
\_\_\_\_\_
4. What language does your child prefer to speak to others at home (siblings, caregivers, babysitters, relatives)?  
\_\_\_\_\_
5. What is the primary language your child is exposed to during social events (playgroups, church events and community activities)?  
\_\_\_\_\_
6. Does your child have difficulty speaking or understanding his primary language? \_\_\_\_\_
7. Do you feel your child has difficulty communicating his/her wants and needs? \_\_\_\_\_
8. Do you have any concerns currently about how your child speaks? If yes, what are your concerns? (i.e. delayed speech, stuttering, articulation)?  
\_\_\_\_\_
9. Is your child learning language as well as or as quickly as his/her brothers or sisters?  
\_\_\_\_\_

**Other School Experiences:**

1. Did your child attend preschool? \_\_\_\_\_ If yes, what was the language used by the teacher?  
\_\_\_\_\_
2. Does your child know how to read? \_\_\_\_\_ If yes, in what language(s)?  
\_\_\_\_\_
3. Does your child know how to write? \_\_\_\_\_ If yes, in what language(s)?  
\_\_\_\_\_

4. Does your child know how to read and write in his/her first language? \_\_\_\_\_
5. Has your child attended school outside of the United States? \_\_\_\_\_
  - If yes, where did he/she go to school previously? \_\_\_\_\_
  - What language was used for instruction? \_\_\_\_\_
6. Did your child discontinue/stop going to school for a while? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
7. Does your child attend school daily/consistently? \_\_\_\_\_
8. Has your child ever had difficulties learning? \_\_\_\_\_ If yes, please explain briefly:  
\_\_\_\_\_
9. Has your child ever received special services (teachers) to help his/her learning? \_\_\_\_\_ If yes, please explain briefly:  
\_\_\_\_\_

Is there anything more you would like to tell us about your child's prior school experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Entrevista del Padre/s o Tutor Legal/es

Nombre del Niño/a: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Nombre de la persona que ofrece esta información: \_\_\_\_\_

Relación con el Niño/a: \_\_\_\_\_ Fecha de hoy: \_\_\_\_\_

### **Estimado Padre/s o Tutor Legal:**

*Con el fin de ofrecer la educación adecuada a su hijo/a, nosotros necesitamos saber acerca de su pasado educativo y del idioma/s. No hay respuestas correctas o incorrectas a las preguntas de abajo. Se aprecia mucho su honestidad y consideración al responder a estas preguntas y beneficiará directamente la educación de su hijo/a.*

Si hablan más de un idioma en el hogar, por favor sírvase escribir el idioma/s en sus respuestas.

### **Cuando su hijo/a era bebé o niño/a pequeño:**

1. ¿A qué edad balbuceo (murmullo)? \_\_\_\_\_ ¿A qué edad dijo sus primeras palabras? \_\_\_\_\_  
¿A qué edad dijo frases: \_\_\_\_\_
2. ¿Hubo alguna preocupación cuando su hijo/a comenzó a hablar? \_\_\_\_\_
3. ¿En qué idioma/s dijo su hijo/a sus primeras palabras? \_\_\_\_\_
4. ¿Qué idioma habló su hijo/a cuando él/ella era bebé o niño/a pequeño?  
\_\_\_\_\_
5. ¿En qué idioma/s habló usted a su hijo/a cuando era bebé o niño/a pequeño? Si se hablan muchos idiomas, ¿qué porcentaje del tiempo, habló usted cada idioma a su hijo/a?  
\_\_\_\_\_
6. ¿En qué idioma/s hablaron otras personas (otros cuidadores, babysitters, hermanos, parientes) a su hijo/a cuando él/ella era bebé o niño/a pequeño en su casa? Si se hablan muchos idiomas, ¿qué porcentaje del tiempo, hablan ellos cada idioma a su hijo/a?  
\_\_\_\_\_
7. ¿En qué idioma/s solía usted cantar y/o leer a su hijo/a cuando él /ella era bebé o niño/a pequeño/a?  
\_\_\_\_\_
8. ¿A qué edad se presentó a su hijo/a al idioma inglés (tv, hermanos, cuidadores, preescolar, etc.)? \_\_\_\_\_
9. ¿Cuánto tiempo ha vivido su hijo/a en un país que se habla el idioma inglés? \_\_\_\_\_

### **En el tiempo presente:**

1. ¿Qué idioma/ se habla en el hogar de su hijo/a o residencia la mayor parte del tiempo? Si se hablan muchos idiomas, ¿qué porcentaje del tiempo, se habla cada idioma? \_\_\_\_\_
2. Ahora, ¿Qué idioma/s usan los padres para hablar generalmente a su hijo/a? Si se hablan muchos idiomas, ¿qué porcentaje del tiempo, hablan ellos cada idioma a su hijo/a?  
\_\_\_\_\_

- 3 ¿En qué idioma le habla su hijo/a a usted en general? \_\_\_\_\_
- 4 ¿Qué idioma prefiere su hijo/a hablar con otros en el hogar (hermanos, cuidadores, babysitter/s, parientes)? \_\_\_\_\_
- 5 ¿Cuál es el idioma nativo que su hijo/a es expuesto (escucha) durante los eventos sociales? (recreos, eventos religiosos y actividades de la comunidad) \_\_\_\_\_
- 6 ¿Tiene su hijo/a dificultad para hablar o entender su primer idioma (nativo)? \_\_\_\_\_
- 7 Piensa usted que su hijo/a tiene dificultad para comunicar sus deseos o necesidades? \_\_\_\_\_
- 8 ¿Tiene usted preocupaciones actualmente acerca de cómo su hijo/a habla? Si contestó sí, cuáles son sus preocupaciones? Por ejemplo, conversación atrasada, tartamudeo, articulación)? \_\_\_\_\_
- 9 ¿Está su hijo/a aprendiendo el lenguaje tan bien o tan rápido como sus hermanos o hermanas? \_\_\_\_\_

**Otras experiencias escolares:**

- 1 ¿Asiste su hijo/a al Programa Preescolar? \_\_\_\_\_ Si contestó sí, ¿cuál fue el idioma que usa la maestra/o? \_\_\_\_\_
- 2 ¿Sabe su hijo/a leer? \_\_\_\_\_ Si contestó sí, ¿en qué idioma? \_\_\_\_\_
- 3 ¿Sabe su hijo/a escribir? \_\_\_\_\_ Si contestó sí, ¿en qué idioma? \_\_\_\_\_
- 4 ¿Sabe su hijo/a leer o escribir en su idioma nativo? \_\_\_\_\_
- 5 ¿Ha su hijo/a asistido a la escuela afuera de los Estados Unidos de América? \_\_\_\_\_
  - Si contestó sí, ¿A qué escuela asistió antes? \_\_\_\_\_
  - ¿Qué idioma se usó en la enseñanza? \_\_\_\_\_
- 6 ¿Dejó de asistir a la escuela su hijo/a por un tiempo? \_\_\_\_\_ Si contestó sí, ¿por cuánto tiempo? \_\_\_\_\_
- 7 ¿Asistió su hijo/a a la escuela todos los días o regularmente? \_\_\_\_\_
- 8 ¿Ha tenido su hijo/a alguna dificultad para aprender? \_\_\_\_\_ Si contestó sí, por favor explique brevemente: \_\_\_\_\_
- 9 ¿Ha recibido su hijo/a servicios (maestros) especiales para ayudarlo a aprender? \_\_\_\_ Si contestó sí, por favor explique brevemente: \_\_\_\_\_
- 10 ¿Hay algo más que le gustaría a usted decirnos acerca de la experiencia escolar anterior de su hijo/a? \_\_\_\_\_





## CHECKLIST OF LANGUAGE SKILLS FOR USE WITH LIMITED ENGLISH PROFICIENT STUDENTS

**Form to be completed by Classroom Language Arts Teacher**

**Directions:** mark boxes “Yes”, “No” or “NA” as applicable

BICS/CALP p. 1-2

### **BICS** Basic Interpersonal Communication Skills – 2+ years for fluency

<b>A. Listening</b>	<i>English</i>	<b>C. Reading</b>	<i>English</i>
1. Follows classroom directions.		1. Recognizes common traf- fic/safety signs	
2. Points to classroom items.		2. Recognizes familiar advertising lo- gos (e.g., McDonald's, HEB).	
3. Distinguishes items according to color, shape, size, etc.		3. Recognizes basic sight words.	
4. Points to people (family relationships).			
5. Distinguishes people accord- ing to physical and emotional states.			
6. Acts out common school activities.			
7. Distinguishes environmental sounds			
<b>B. Speaking</b>	<i>English</i>		
1. Gives classroom commands to peers.			
2. Exchanges common greetings.			
3. Names classroom objects.			
4. Describes classroom objects according to color, shape, etc.			
5. Describes people according to physical and emotional states.			
6. Describes what is happening when given an action picture of a common recreational ac- tivity.			
7. Appropriately initiates, main- tains, and responds to a conversation.			
8. Recites ABCs, numbers 1-10.			
9. Appropriately answers basic questions.			
10. Participates in sharing time.			

**BICS Points:  
(number of “yeses”)**

Listening                    \_\_\_/7  
Speaking                    \_\_\_/10  
Reading                      \_\_\_/3

**Total possible:** \_\_\_/20

**CALP Points:  
(number of “yeses”  
from next page)**

Listening                    \_\_\_/6  
Speaking                    \_\_\_/7  
Reading                      \_\_\_/8  
Writing (9)                 \_\_\_/9

**Total possible:** \_\_\_/30

<b>CALP Cognitive Academic Language Proficiency– 5-7 years for fluency</b>			
<b>A. Listening</b>	<i>English</i>	<b>C. Reading</b>	<i>English</i>
1. Follows specific directions for academic tasks according to curriculum guide.		1. Uses sound symbol association	
2. Understands vocabulary for academic tasks according to curriculum guide (i.e., word meaning, word synonyms for operations).		2. Uses mechanics of spatial skills (i.e., top-to-bottom, left-to-right).	
3. Understands teacher's discussion and distinguishes main ideas from supportive details.		3. Understands rules of punctuation/capitalization.	
4. Understands temporal concepts (e.g., do this first, second, last).		4. Understands reading as a process (i.e., speech-print relations, syllables).	
5. Distinguishes sounds for reading readiness activities.		5. Reads for comprehension.	
6. Listens to a movie or other audiovisual presentation with academic content.		6. Follows along during oral reading activity and responds at his/her turn.	
<b>B. Speaking</b>		7. Appropriate use of text (i.e., index).	
1. Asks/answers specific questions regarding topic discussions.		8. Demonstrates an interest in reading.	
2. Uses academic vocabulary appropriately.		<b>D. Writing</b>	
3. Uses temporal concepts appropriately.		1. Completes written expression activities according to curriculum guide.	
4. Asks for clarification during academic tasks.		2. Completes simple sentence frames.	
5. Expresses reason for opinion.		3. Generates simple sentences.	
6. Actively participates in class discussions.		4. Writes from dictation.	
7. Volunteers to answer questions in class regarding subject matter.		5. Writes short paragraphs.	
		6. Transfers from print to cursive at the appropriate grade level.	
		7. Understands spatial constraints of writing (i.e., lines, top-to bottom, left-to-right).	
		8. Understands mechanics of writing (i.e., punctuation, paragraphing).	
		9. Demonstrates an interest in writing.	

Form Completed By \_\_\_\_\_

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student ID # \_\_\_\_\_