



SBCISD PARENTAL DENIAL CHECKLIST

When a student has been identified and placed or has been recommended for Bilingual/ESL services and a parent wishes to waive this service, the established waiver procedures must be followed. The following checklist must also be completed and submitted to the administrator prior to the parent/administrator conference. At the **elementary** level the classroom **teacher must complete this checklist**. At the **secondary** level the **Bilingual/ESL Data Entry Clerk/LPAC Member must complete this checklist**.

Campus: _____

Student Name: _____

Date of Birth: _____

Home Lang. Survey Date: _____

ELL Intervention Plan: ☐ Yes ☐ No

▶ OLPT Tests Levels: English _____ Spanish _____

▶ Bilingual/ESL Category:

Elementary: B ☐ I ☐ A ☐ ESL ☐

Secondary: B ☐ I ☐ A ☐

Secondary English course: _____

▶ Number of years in the program: _____

▶ Student's academic grades:

Language Arts (current or previous year)

Spanish reading _____

English reading _____

ESL _____

English _____

Math _____

Social Studies _____

Science _____

▶ List interventions provided to student to enhance second language acquisition or attach ELL Intervention Plan: (ex: summer school, tutorial classes, peer tutoring, computer assisted instruction etc.)

Student ID: _____

Teacher: _____

Current Grade Level: _____

Bil/ESL Entry Date: _____

Date Assessed: _____

Current school year Enrollment Date: _____

Parental Denial Date: _____

Current school year Bilingual days served by six weeks:

PK ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐

Total _____

▶ Assessment Information: (Most Recent Results)

I-Station _____

English _____ Spanish _____

Developed _____ Still Developing _____

TELPAS Rating: L _____ S _____ R _____ W _____

STAAR:

English _____ Reading _____

Spanish _____ Lectura _____

CPALLS:

English _____ Spanish _____

▶ Is student in a RTI Pre-referral process? Yes ☐ No ☐

▶ Teacher's comments (required):

▶ Parent's Comments:

Teacher Signature _____ Date: _____

Administrator Signature _____ Date: _____