THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
BILINGUAL/ESOL DEPARTMENT

REQUEST FOR ASSESSMENT

SCHOOL _____   DATE _____

CONTACT PERSON'S NAME _____   POSITION _____

Please complete and submit the form esolrequests@browardschools.com. An appointment will be scheduled with your school to assess students in grades 3-12 with the Kaufman Test of Educational Achievement Brief Form (K-TEA II Brief Form) in the areas of Reading (R) and Writing (W) OR to assess identified Pre-K students with the Pre-IPT as necessary.

This section to be completed by Bilingual/ESOL Dept.

NAME (Last, First, Middle)	DATE OF BIRTH	GRADE	PRIMARY/HOME LANGUAGE	STDT NUMBER (FSI)	DATE OF AURAL/ ORAL LANGUAGE ASSESS.	NATIONAL PERCENTILE (NP) LISTENING/SPEAKING	DATE OF READING/ WRITING ASSESS.	NATIONAL PERCENTILE (NP) READING	WRITING	LANG. CLASS	ASSESSOR'S INITIALS (K-TEA II) (Pre-IPT)

_____
Principal/Designee

Form 2590A (Revised 10/15)