

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
Bilingual/ESOL Department

Special Populations Language Dominance Questionnaire  
School Form

This form is for students whose verbal skills are too limited in any language to complete a formal language assessment test of oral proficiency and are “unable to be classified.” See Procedures for Using the Special Populations Language Dominance Questionnaire.

Student’s Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Last First Middle

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Length of Time in English-speaking School Setting: \_\_\_\_\_

Briefly describe the conditions that prevent formal testing: \_\_\_\_\_

I. INITIAL LANGUAGE CLASSIFICATION RECOMMENDATION:

\_\_\_\_\_  
Name of Language Assessor

\_\_\_\_\_  
Date of Assessment

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Location of Testing/Centers e.g. FDLRS, Ann Storck

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The Bilingual/ESOL Department Support Service Team Members met on:  
**(To be completed by the Bilingual ESOL Department)**

\_\_\_\_\_  
Date

English Language Learner (ELL)

Yes \_\_\_\_\_ (ELL code: LY)  
Team Members:

No \_\_\_\_\_ (ELL CODE: ZZ)

\_\_\_\_\_  
\_\_\_\_\_  
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