



Antelope Valley Learning Academy
 English Language Learner/Special Education
Identification Form

FRONT DESK: PLEASE DELIVER COMPLETED FORM TO THE IEP/ELL DEPARTMENT

Student Information:

Legal Last Name _____ Legal First Name _____ Middle Name _____

Date of Birth _____ Place of Birth _____ USA School Enrollment Date _____

Last School of Enrollment: _____

Male Female

Does your child have an IEP? Yes No

Does your student have a 504 Plan? Yes No

Has your child received English Language Development/ESL Instruction Yes No

Ethnic Code
(Check Students Ethnic Code)

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Filipino
<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> African American	<input type="checkbox"/> Other _____

LANGUAGE

Which language did your child first learn to speak? _____

Which language does your child most frequently speak at home? _____

Which language do you most frequently speak to your child? _____

Which language do the adults in the home most often speak? _____

Does the student speak fluent English? Yes No

OFFICE USE

Grade: ____ CSIS # _____ Primary Disability & Code (if applicable) _____

Previous CELDT Score: _____ Grade during previous CELDT: _____

MOBILITY:

Date Enrolled: _____ Grade at Enrollment: _____