

Bilingual Assessment Team Referral

for Use with Preschool, Private, and Parochial Students ONLY



Confidential

Office of Student and Family Support and Engagement
Division of Psychological Services, Bilingual Assessment Team
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

MCPS Form 336-26A
August 2016

Instructions: Send this completed referral form and the documents noted below via interoffice mail to the Bilingual Assessment Team (BAT) unit at Rocking Horse Road Center. A complete referral packet will avoid unnecessary delays. The case manager should contact the BAT unit three-working days after the referral is mailed in order to confirm receipt of the referral by the BAT unit. If a referral for Individualized Education Program (IEP) assessment *and* a complete packet are not received by the BAT unit in a timely manner (**at least 15-business days for educational, speech, or psychological assessments and at least 10-business days for language dominance determination prior to IEP meeting**), referrals for special education assessments may be assigned to the school-based team to complete with interpreter(s).

Student Name _____ Student ID# _____ Date ____/____/____
Last First Middle

Current ESOL Level 1 2 3 4 5 Date of Most Recent ESOL Level Assessment ____/____/____

Home School _____ Current School _____ Date of Birth ____/____/____ Grade ____

Home Address _____

Language(s) Spoken at Home _____

Name of Responsible Adult _____
Last First Middle

Work Phone ____-____-____ (Ext. ____) Cell Phone ____-____-____ E-mail _____

Relationship to Student Mother Father Guardian Other (specify) _____

Name of Responsible Adult _____
Last First Middle

Work Phone ____-____-____ (Ext. ____) Cell Phone ____-____-____ E-mail _____

Relationship to Student Mother Father Guardian Other (specify) _____

Please Select One of the Following:

Referral for Language Dominance Determination
Date by which the Screening IEP Meeting must be held ____/____/____

Please submit the following documents with this Referral for Language Dominance Determination:

- Signed copy of [MCPS Form 336-31, Authorization for Assessment](#) [MCPS Form 272-9, Teacher Referral](#)
 [MCPS Form 272-10, Document of Interventions](#)

Referral for Special Education Assessment(s)
Date by which the Evaluation IEP Meeting must be held ____/____/____

Please submit the following documents with this Referral for Special Education Assessment(s)

- Signed copy of [MCPS Form 336-31, Authorization for Assessment](#) [MCPS Form 272-9, Teacher Referral](#)
 [MCPS Form 272-10, Document of Interventions](#) [MCPS Form 336-20, Educational History](#)
 [MCPS Form 336-22, Eligibility Screening Parent Interview/Questionnaire](#) [MCPS Form 336-21, Classroom Observation](#)
 Examples of completed work assignments or assessments
 Copies of previous educational, medical, psychological, or speech/language assessment reports

Concern(s) of preschool, private, or parochial classroom and ESOL teacher(s)

What specific student behaviors and/or academic performance indicators suggest the possibility of an educational disability?

Case Manager or School Contact Person _____ Telephone Number ____-____-____

E-mail Address _____