

Bilingual Assessment Team Referral for School-age Students: ESOL Level 3 or 4 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 336-26C
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 3 4 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 Classroom Teacher(s)

Concern(s) of 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 _____