

**PART I: Complete Part I and send a copy to the ESOL office, Rocking Horse Road Center or fax to 301-230-5443.**

Student name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School name \_\_\_\_\_ Gender:  M  F Student ID # \_\_\_\_\_

Grade \_\_\_\_\_ ESOL level \_\_\_\_\_ Language spoken \_\_\_\_\_

**Reason(s) for Referral:**

- 1. Academic
- 2. Behavioral
- 3. Social
- 4. Personal
- 5. Attendance
- 6. Health
- 7. Special Services
- 8. New Student Orientation
- 9. Other \_\_\_\_\_

**Previous action taken:**

- Parent involvement
- Administrative/involvement counselor
- CAP/EMT/IEP
- Other \_\_\_\_\_

**Comments**

Name and position of person making referral \_\_\_\_\_

**PART II: ACTION TAKEN BY ESOL COUNSELOR**

**DATE RECEIVED** \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1. Reviewed cumulative folder
- 2. Consulted with ESOL teacher/school staff
- 3. Consulted with school counselor
- 4. Met with student(s) Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5. Consulted with ESOL parent specialist/parent community coordinator
- 6. Updated school counselor
- 7. Updated ESOL teacher/school staff
- 8. Contacted parent(s)/guardian(s)
- 9. Other \_\_\_\_\_

**FOLLOW-UP**

- 1. One-on-one counseling
- 2. Include student in counseling group

Name of Assigned ESOL Counselor \_\_\_\_\_