

# Bilingual Assessment Team Referral for Special Education Assessment(s) for School-age Students: ESOL Level 1 or 2 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 336-26B  
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 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 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) \_\_\_\_\_

Date by which the Screening/Evaluation IEP Meeting must be held \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_

**If Special Education Assessment(s) is to be completed by BAT, please submit the following documents to the BAT unit with this referral form:**

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