



**FAIRFAX COUNTY PUBLIC SCHOOLS
CULTURALLY AND LINGUISTICALLY DIVERSE (CLD)
STUDENT DATA CHECKLIST**

The following information may be found in the student's scholastic records file and is important in order to obtain background data for LEP students. If student is later referred for a dual language assessment, please complete this checklist and attach to multipurpose referral form.

Referring Source _____ Title _____ Today's Date _____

School's Local Screening Chairperson _____ Phone _____

School _____ Phone _____

Student Name _____ ID _____ Sex _____ Grade _____

DOB _____ Place of Birth _____ Home Language(s) _____

Parent/Guardian Name _____ Parent/Guardian's Home Country _____

Home Phone _____ Work Phone _____

Entry Date U.S. _____ Entry Date FCPS _____ Years in U.S. Schools _____

Years of Schooling in Home Language _____

Interrupted Education? No () Yes () Explain Educational History if Known:

YES NO Please check appropriate response and provide additional information below.

- ___ ___ 1. Has the student's scholastic records file been reviewed for relevant information?
- ___ ___ 2. Has a child study/TAT or other in-school problem-solving team, including the ESOL teacher, met to review this case? Date Child Study Committee Met _____
- ___ ___ 3. Has the school followed the pre-referral steps outlined in the CLiDES process, which are necessary prior to referring LEP students for a dual language assessment or to the local screening committee? (reg. 2217.1)
- ___ ___ 4. Has the student undergone any prior evaluations? If so, check which one(s)
___ ESOL entry assessment ___ Dual language assessment (Please attach copy)
___ Standardized testing ___ Classroom tests Other: _____
- ___ ___ 5. If the student is in first or second grade, has the DRA been administered?
Date administered: _____ Score: _____
- ___ ___ 6. Does a review of the student file indicate a history of difficulty in the area(s) of concern?
If so, please attach to multipurpose referral form or specify _____



YES NO

- ___ ___ 7. a) Has the student ever been enrolled in an ESOL program in FCPS?
If not in FCPS, where? _____
- ___ ___ b) Is the student currently enrolled in the ESOL program?
If so, what is the current English proficiency level? ___LA; ___A; ___B1; ___B2
- ___ ___ c) Has the student exited the FCPS ESOL program? If so:
What is the student's current English proficiency level? ___B3; ___C; Other? _____
What was the student's ESOL exit date? _____
(Please attach copy of ESOL exit form.)
- ___ ___ 8. Is there a physical condition that may account for student's difficulties? _____
- ___ ___ 9. a) Does the student need glasses? ___ hearing aid(s)? ___ other _____
___ ___ b) Are glasses, hearing aids, or other specialized equipment worn or used in class?
- ___ ___ 10. Has the student participated in systematic support programs? If so, check which one(s).
___Reading Recovery ___SUM ___SULA ___FASTMath ___Phonemic Awareness
___Other: _____
- ___ ___ 11. Is frequent absence or tardiness a problem?
- ___ ___ 12. Have parents or guardians been contacted? (For interpreters, call 703-876-5229)
- ___ ___ 13. Is there a home language survey in the student's cumulative folder? (If so, please attach.)
- ___ ___ 14. Have intervention strategies been implemented in a systematic fashion? Please describe below
or on page two of the multipurpose referral form.

PLEASE ATTACH ANY OTHER PERTINENT INFORMATION

ADDITIONAL COMMENTS: