



ESOL/Mainstream Teacher Communication Form

Dr. Karen Wicks – Executive Director

Joyce Gerald – ESOL Coordinator

Student's Name _____
 ESOL Teacher _____
 Grade Level _____
 Principal's Signature: _____
 Language Level: ELDA: _____

Mainstream Teacher _____
 SY _____ Date: _____
 LAS: Results: _____
 REASING ☐ LISTENING ☐ SPEAKING ☐ WRITING ☐
 STATE TEST RDG ☐ MATH ☐ SCI ☐ SS ☐

Instructional Reading Level (Check one): <input type="checkbox"/> Below Grade Level (B) <input type="checkbox"/> On-Grade Level (O) <input type="checkbox"/> Above (A)	Math Level (Check one) <input type="checkbox"/> Below Grade Level (B) <input type="checkbox"/> On-Grade Level (O) <input type="checkbox"/> Above (A)
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NINE WEEKS	Reading Level	Listening Comprehension	Reading Comprehension	Written Expression	Speaking	Math Performance	Classroom Participation
1 ST							
2 ND							
3 RD							
4 TH							

1. Please list any concerns that you have about this student (strengths/weaknesses).

2. What help would like us to provide you in assisting with modifications for your ESOL students?

3. Specific content areas of weakness that we may address with your students.

4. Instructional Units that we may reinforce during this nine weeks.

* Please list student's grades or attach a copy of regular report card.

Subject	GRADES			
	1 ST	2 ND	3 RD	4 TH