

**Teacher Referral Form for Student Participation in  
MISD Bilingual Education Program**

**\*\* ATTENTION:**

- **MUST** attach a copy of the Spring / Fall ELPA Screening Report with this Teacher Referral
- Must attach a copy of the **Home Language Survey (HLS)**

**\*\* NOTE:**

- Without the above-mentioned documents, the enrollment for this student into MISD Bilingual Education Program will be delayed.
- This Teacher Referral must be approved and signed by the School Principal.

**\*\*\* PLEASE FILL IN EVERY AREA CLEARLY\*\*\***

<b>District:</b>		<b>School:</b>	
<b>Teacher / Counselor:</b>			
<b>District Student ID Number:</b>			<b>UIC Number :</b> _____
<b>Student :</b>			
	Last	First	Middle
<b>Grade:</b>		<b>AM / PM</b>	
		? <b>Special Education</b>	
<b>Date of Birth:</b>		? <b>Male</b> ? <b>Female</b>	<b>Place of Birth :</b> _____
<b>Language (other than English):</b>			<b>Date Entered U.S. :</b> _____
<b>Mother:</b>		<b>Father:</b>	<b>Guardian(s):</b> _____
<b>Address:</b>			<b>City:</b> _____
<b>Zip:</b>		<b>Telephone:</b>	_____
<b>Is this student Non-English speaking? ? YES ? NO</b>			

Reactivate Student?    Yes                       No

**District provides services for proficient and Advanced Proficient students**                     

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_