



Macomb Intermediate School District
 44001 Garfield Road • Clinton Township, MI 48038-1100
 Phone: (586) 228-3481
 Fax: (586) 286-2809; Email: smpolish@ misd.net

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

Revised 8/8/13

**** ATTENTION:**

- **MUST attach a copy of the student's Home Language Survey Form (HLS) with Teacher Referral.**
- **MUST attach a copy of the WIDA ACCESS / W-APT Screening Report with this Teacher Referral.**

**** NOTE:**

- **All information on this referral form must be downloaded in the PowerSchool System before sending it to MISD.**
- **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*****

District: _____ School: _____

Teacher / Counselor: _____

District Student ID Number: _____ UIC Number : _____

Student : _____ Grade: _____ AM / PM
Last First Middle Special Education

Date of Birth: _____ Male Female Place of Birth : _____

Language (other than English): _____ Date Entered U.S. : _____

Mother: _____ Father: _____ Guardian(s): _____

Address: _____ City: _____

Zip: _____ Telephone: _____

Is this student Non-English speaking? YES NO

Reactivate Student's Bilingual Services? YES NO

District Provides Services/Support

Teacher Suggestions or Comments:

Principal's signature: _____ Date: _____