



SST Teacher Form for Primary EL Students

(To be completed prior to SST meeting for all EL students)

Name of Student: _____

Date: _____

Most Recent ELPAC testing date: _____

Oral Language Level: _____

Speaking Level: _____

Listening Level: _____

Written Language Level: _____

Reading Level: _____

Overall: _____

Birth Date: _____

Primary Language: _____

Date of Primary Language Testing: _____

IPT or other (if available): _____

Length of Residence in USA: _____

Years of English Instruction: _____

Teacher: _____

Language Program: _____

- What curriculum is being used in the general education setting to aid in the student’s language development? (If student is in a DLI program, please comment on both English and Spanish language)

- What additional strategies, supports, or interventions are being provided to support with language development? How is the student responding to those supports and intervention(s)? (If the student is in a DLI program, please comment on both English and Spanish language)

- How is this student progressing in his/her English language development **compared to his classroom peers with similar language backgrounds?** Indicate **slower** rate, **average** rate, or **above average** rate. (If student is in a DLI program, please comment on both English and Spanish language)

Listening:	Speaking:
Reading:	Writing:

- Has the student experienced any recent changes in the language program they were participating in?

