Rescue Union School District

English Language Learner (ELL) Prereferral Checklist*

School	Student/Grade
Teache	er Date
	Teacher will complete this checklist <u>before planning</u> a Student Study Team: four out of six items must be checked "Yes" to move forward to SST.
1- Yes No	D Has the student received core curriculum instruction that is differentiated for EL students according to the student's level of English as reported by CELDT**? Examples: use of EL Support Activities within the curriculum, thematic instruction, allowance of oral responses, segmented multi-step directions (scaffolding), models of expected work, focus on vocabulary, use of organizers, collaborative learning, and other Specially Designed Academic Instruction in English (SDAIE)? Describe:
2- Yes No_	Has the student received intensive interventions from the core curriculum using the provided EL curricular materials over time (at least one year)? Describe materials utilized:
3- Yes_ No_	Is there data regarding the rate of learning over time (compared to like peers with same CELDT level) to support that the difficulties are most likely due to a disability versus a language issue? Describe data:
	Describe data.

Have families/parents been consulted and have expressed concerns regarding their student's learning patterns in either first language (L1) or second language (L2)? Describe:	
Are there patterns or concerns seen in L1 similar to L2? For instance: Does student speak in complete sentences, one word, two word phrases in both his or her first and second languages? Describe:	
Does the student exhibit the same difficulties in multiple settings such as: home, school, and community? Describe:	
Next Steps:	
1- If at least <u>four out of six</u> items have been checked "Yes" then consider	

- SST.
- 2- If <u>less than four items</u>: Continue to provide EL interventions.
- 3- Place this form in EL Binder in principal's office.