CLD Supplemental File Review

Student's Legal Name:		**Birth Date:**	**Age:**	**Date:**
District Student ID:	**Grade:**	**Gender:**	**Case Manager:**	
Attending School:		**Attending District:**		
Referring Teacher:		**Referring Teacher Phone:**		

School Team members completing this form:

Name	Position/Title	Date

This document is to be used in conjunction with other pre-referral paperwork and methods (e.g., file review, interventions data, developmental history) before a student is referred for an evaluation for Special Education (SPED) eligibility. The information gathered should be carefully considered when making the decision about whether a referral is appropriate. It should be completed by parents and staff familiar with the student (e.g., teachers, specialists). Information from this form will be shared with parents as part of the evaluation planning process. If a student is referred, additional parent input will be gathered during the evaluation process.

When yes is selected below, examples or further explanation under each question or statement is required.

Language Development

1.	What languages or dialects does the student speak or is exposed to by family members and caregivers? How often?			
List languages and explain:				
2.	What language(s) does the student speak most often at school?			
3.	Does the student switch between languages when speaking or writing?		☐ Yes	☐ No
If yes, please explain:				

4.	Does the student have difficulty expressing themselves in their 1st language?	☐ Yes	☐ No
If yes, please explain:			
5.	Does the student have difficulty expressing themselves in their 2nd language?	☐ Yes	☐ No
If yes, please explain:			
6.	Does the student have difficulty understanding directions in their 1st language?	☐ Yes	☐ No
If yes, please explain:			
7.	Does the student have difficulty understanding directions in their 2nd language?	☐ Yes	☐ No
If yes, please explain:			
Educational Background			
8.	How long has the family lived in this area?		
9.	Has the student lived anywhere else?	☐ Yes	☐ No
If yes, how long:			
10.	Did the student attend preschool, Head Start or receive EI/ECSE?	☐ Yes	☐ No
If yes, list programs, location and languages used:			

11.	Has the student received academic instruction in other languages?			☐ Yes	☐ No
If yes, what language(s):					
12.	Has the student received ELD services?			☐ Previously	☐ Currently ☐ No
13.	What ELD program(s) does your district or school use?	☐ Dual Immersion	☐ Sheltered Instruction	☐ Transitional	☐ Pull out ELD
	Frequency? (e.g. min/wk)				
14.	Is there anything else you would like the evaluation team to know?				
Explain:					