Student Name: _____ Student ID#: _____

Date of Entry into U.S. Schools (DEUSS): _____ Grade: _____ Date: _____

School: _____

Name of Interviewer: _____ Title: _____

Directions: This form is filled out by the school counselor or ESOL Contact **and** parent/guardian.

Interview took place: _____

Previous school records were reviewed by: _____

Questions 1 – 10 are to be completed _with_ parent/ guardian:

1. What is the student's date of birth? _____ Age: _____

2. What type of school did the student attend? ☐ Rural   ☐ Urban   ☐ Private   ☐ Public

3. When did the student learn to read (age)? _____ Which language(s) _____

4. Where (country/ city) did the student attend school?

   _____

5. How many years did the student attend school? _____

6. What year did the student start school in the United States **(DEUSS)?** _____

7. Was student attendance consistent?   ☐ Yes   ☐ No

8. Was the student enrolled in any additional education programs?   ☐ Yes   ☐ No

   Please, specify: _____

9. Has the student been exposed to English before?   ☐ Yes   ☐ No

10. What resources are available at home for school support (computer, internet, English

    Speaker, etc.)? _____

_____
Parent/ Guardian Signature

_____
Date

Please, complete pages 1 and 2 with the parent.   **Page 1**

To be completed _prior_ to placement in ESOL program and prior to creating a student schedule:

Place a check by all items used to determine the student's academic experiences:

1. ☐ Age appropriateness or placement based on prior school information.
2. ☐ Prior educational experiences and academic subject competencies.

Results from Interview and reviewing previous records:

Areas of concern: _____

_____

Courses requested: _____

_____

Other information: _____

_____

3. Contents of student's cumulative folder:

   ☐ Previous school records
   ☐ Transcripts
   ☐ Standardized and/ or criterion referenced tests:
   ☐ Previous ESOL/ ESE programs, specify _____
   ☐ F.A.S.T.E.R.

   Standardized Test name: _____ Date: _____
   Initial Language Placement Screener Test name: _____ Date: _____

4. What date (month/ year) did the student first enroll into a U.S. school **(DEUSS)?** _____
5. Does the student meet the immigrant status guidelines?   ☐ Yes   ☐ No
6. Was language assistance provided during this interview, when feasible?   ☐ Yes   ☐ No

Schools should provide translation when feasible.

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