BILINGUAL STUDENT ADD-ON SHEET

DETROIT PUBLIC SCHOOLS - OFFICE OF BILINGUAL EDUCATION AND RELATED PROGRAMS

UPDATING BILINGUAL STUDENT FORM*

SCHOOL: _____ **CODE:** _____ _____ _____

PRINCIPAL SIGNATURE **DATE**

NAME LAST NAME, FIRST PLEASE PRINT	ID # IF NO ID # IS AVAILABLE GIVE BIRTH DATE	GRADE	SEX	HLS ON FILE	LANGUAGE CODE	DATE ENTERED USA M M D D Y Y	ELPA SCREEN SCALE SCORE (SS) LISTENING SS	READING SS	WRITING SS	SPEAKING SS	COMPREHENSION SS	OVERALL SS	ELPA OVERALL PL	MIGRANT	IMMIGRANT	HOURS PER WEEK	PARENT REF.	ELIGIBILITY

*** TO BE USED FOR IDENTIFYING AND/OR ADDING POTENTIALLY ELIGIBLE STUDENTS TO BILINGUAL MEMBERSHIP LIST**

Revised as of Spring,2008