

English Language Learner (ELL) Student Profile Form

School District: _____ Building: _____
 Student Name: _____ Grade: _____
 Homeroom/Classroom Teacher: _____
 ESL Teacher: _____
 Level of English Proficiency: _____
 ESL Instructional Time: _____

According to the ESL language proficiency testing and the ESL teacher observations, this student is able to work accordingly based on the given proficiency level in the following Targeted Competencies: (1=low ability, 2= middle ability, and 3= high ability)

Listening Skills	1	2	3	Not Measured
Speaking Skills	1	2	3	Not Measured
Survival Language	1	2	3	Not Measured
Handwriting Skills	1	2	3	Not Measured
Language Usage	1	2	3	Not Measured
Reading (Decoding & Word Recognition)	1	2	3	Not Measured
Vocabulary in Context	1	2	3	Not Measured
Reading for Comprehension	1	2	3	Not Measured
Writing Composition Skills	1	2	3	Not Measured
Understands Cursive Writing	Yes	No		

Please Note: An accommodations checklist is provided to help ensure success in the classroom and to support the weaker areas of proficiency ability.

This form was completed by:

_____ Signature (ESL Teacher)	_____ Date
_____ Signature (Classroom Teacher)	_____ Date

Approved by:

_____ Building Principal	_____ Date
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