



Please return to: ML Evaluation Team  
ML\_evalteam@canyonsdistrict.org

**Multilingual Learner  
Re-evaluation Consultation Request\***  
*For students with an IEP*

Date:	School:	
Case Manager:	Contact Phone:	
Student Name:	Student #:	Grade:
Current WIDA Level:	Teacher/Counselor:	

Prior Assessment in Native Language		
Test Name	Date Administered	Scores
This student has not been tested in the native language. Explain:		

Current Language Supports		
Support	Days/Week	Time/Period
Imagine Learning		
ELD Class		
ESL Endorsed Teacher - Core Content		
Integrated ELD		
Individual Language Development Plan		
Other: Describe		

Concerns	
Check All That Apply * Lack of Progress Change in Services/Eligibility Re-Evaluation/Eligibility Out of State File Review	Other (Describe):

**\* If ADDING Services, please use the "Referral Request for Special Education Evaluation" form.**

IEP Team Recommendations	ALS Team Recommendations For ALS Team Response Only
Check All That Apply No testing in Native Language Testing in Native Language ALS Observation of Student SST Consultation IEP/SpEd Team Consultation Student Should Take Alternate WIDA Other (Describe):	Check All That Apply No Testing in Native Language Testing in Native Language ALS Observation of Student SST Consultation IEP/SpEd Team Consultation Student Should Take Alternate WIDA Other (Describe):