



HAYWARD UNIFIED SCHOOL DISTRICT

Initial Language Assessment

Student Information and Assessment (SIAC) 510- 293-8554 x 4

APPOINTMENT DATE: _____ TIME _____ Monday Tuesday Wednesday Thursday Friday

Name _____ School _____ Grade _____
Phone # _____ D.O.B. _____ HUSD ID# _____
Language _____ Birth Country _____
U.S. Entry Date _____ Re Entry Date (if applicable) _____

EDUCATIONAL INTERVIEW: Previous Schooling

Country _____ Last Grade Completed _____
Retentions: Yes No What Grade(s) _____ Interruptions Yes No
If yes describe _____
ELD Yes No Number of months. _____ # hrs per week _____
Identified/Received Special Ed. Services? Yes No

PRIMARY LANGUAGE ASSESSMENT OF ACADEMIC SKILLS

Pre-LAS LAS BINL Parent Interview

Scale _____ Level _____

ORAL _____ / _____ Fluent Limited

READING _____ / _____ Competent Limited None

WRITING _____ / _____ Competent Limited None

MATH ASSESSMENT: Fairfax County EAME

_____ correct out of _____

Results of test indicate that student is able to do Math through
Grade 1 2 3 4 5 6 7 8

Math is Below grade level on grade level above grade level

CELDT: California English Language Development Test

Preliminary Scores

Listening _____ / _____ Speaking _____ / _____ Reading _____ / _____ Writing _____ / _____

OVERALL _____ / _____

Language Proficiency Level: Beginning Early Intermediate Intermediate Early Advanced Advanced

Student is identified as an English Language Learner (ELL) Initial Fluent English Proficient (IFEP)

CELDT Grade Span

K-2 3-5 6-8 9-12

Grades 7 - 12 ELD Class Placement Recommendation: _____

Comments: _____

SIAC Staff _____

PROGRAM PLACEMENT: STUDENT IS AN ENGLISH LANGUAGE LEARNER. PARENT REQUESTS THAT HIS/HER CHILD BE PLACED IN:

Structured English Immersion Dual Language Immersion*
 Bilingual Alternative * Mainstream English

Parent Signature _____

*Requires parent to apply for a "Parental Exception Waiver" at the child's school.