

GRANITE SCHOOL DISTRICT  
BILINGUAL/LANGUAGE INFORMATION and CLASSIFICATION FORM (BLCF)  
**Secondary INITIAL ASSESSMENT ONLY**

**STEP 1 - SCHOOL SECRETARY**

School Number    School Name \_\_\_\_\_ Date of Referral

Student Number         Grade   Date of Birth     Sex M ☐ F ☐

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Country of Birth \_\_\_\_\_ Years in the U. S. \_\_\_\_\_ Refugee: Yes / No Attach Refugee Documentation Forms

Parent(s) employed in agriculture, at a nursery, or at a meat packing plant: Yes / No

First Enrolled in US School. Month   Day   Year   Years of Education Completed

Ethnicity: Father ☐ Mother ☐ Student ☐

Language(s) spoken in the home other than English: Father    Mother    Student

Previous School \_\_\_\_\_ State/Country \_\_\_\_\_ District \_\_\_\_\_

Was student receiving ALP Services (i.e.: ESL, Bilingual Education, etc.)? ☐ Yes ☐ No

1. What was the first language the student learned to speak? \_\_\_\_\_ Language \_\_\_\_\_  
2. What is the language spoken most often by the student? \_\_\_\_\_  
3. What is the language most often spoken in the student's home regardless of what the student speaks? \_\_\_\_\_  
4. What language do you prefer for school to home communication? \_\_\_\_\_

If unable to determine if student speaks/understands a language(s) other than English, a parent contact must be made.

**STEP 2 - ASSESSMENT TEAM**

**W-APT Placement test:**

Speaking: Proficiency level \_\_\_\_\_ Listening: Proficiency level \_\_\_\_\_ Writing: Proficiency level \_\_\_\_\_  
Reading: Proficiency level \_\_\_\_\_ Overall Score:    1    2    3    4    5    6

Tester \_\_\_\_\_ Signature \_\_\_\_\_ Date of Assessment \_\_\_\_\_

**ENGLISH PROFICIENCY ASSESSMENT TEST – UALPA or ACCESS**

Composite Score \_\_\_\_\_ UALPA Verified by: \_\_\_\_\_ Signature \_\_\_\_\_ Date of Assessment \_\_\_\_\_

**STEP 3 - ALTERNATIVE LANGUAGE PROGRAM**

Student qualifies for ALP Services: ☐ YES ☐ NO ☐ MONITOR Notified Parent/Guardian of Placement Status: ☐ YES ☐ NO

Program Services: TYPE: ☐ ESL ☐ Structured Immersion ☐ Sheltered Instruction ☐ Dual Language

Describe the program services for this student: \_\_\_\_\_

ALP Lead Teacher \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_