

## Pre-SST Referral Form for English Language Learners

Submitting this form to the school counselor indicates that there is a concern for an ELL student regarding:

- Learning
- Behavior
- Speech

Once submitted to the counselor, the ELL Facilitator will investigate whether the concerns are related to language acquisition.

The ELL Facilitator will follow up with the counselor no later than six weeks following the referral date of this form. If it is determined that the concern is not due to language, the counselor will proceed with the SST process.

Name of School: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

ELL Facilitator: \_\_\_\_\_

End Date: (6 weeks): \_\_\_\_\_

Student's Grade Level: \_\_\_\_\_

Please note: This information will be maintained in the student's Blue Folder.