



## History and File Review for Culturally and/or Linguistically Diverse Students

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*This form is meant to be a data gathering tool. It should be filled out by a **team** that knows the student and his/her family, including but not limited to: the classroom teacher, ELD teacher, academic specialists, and interpreters. Additionally, a developmental history gathered from the parents is imperative in gathering information about family history and culture.*

### A) Areas of Concern

Please check all that may apply:

- Reading    Math    Writing    Speech/Language    Social Skills  
 Emotional Problems    Behavioral Problems    Difficulty Accessing Content Areas

Please provide a narrative overview of your concerns, such as when the issues began, how they have changed over time, and specifics about what the concerns look like. Requests for attachments of numeric data will be provided on future pages.

### B) Family Cultural Background and Language Considerations

Parent/guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Parent/guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Others living in the home: 1: \_\_\_\_\_ 2: \_\_\_\_\_  
 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_

- Is the student's family homeless or comprised of migrant workers?    Yes (please circle which)    No  
 • If yes, does the student receive homeless or migrant services?    Yes (please circle which)    No

Country of family origin: \_\_\_\_\_  
 • If outside U.S., does the family visit their country of origin?    Yes    No  
 • If yes, how often and for how long? \_\_\_\_\_

Student's years in the U.S.: \_\_\_\_\_      Family's years in the U.S.: \_\_\_\_\_

Languages and/or dialects spoken in the home: \_\_\_\_\_

Languages and/or dialects spoken by student: \_\_\_\_\_

Which language was the student first exposed to from the ages 0 to 3? \_\_\_\_\_

When was the student exposed to his/her second language? \_\_\_\_\_

When and in what language did the student:

- Speak his/her first word? When: \_\_\_\_\_ Language: \_\_\_\_\_
- Use a 3-5 word sentence? When: \_\_\_\_\_ Language: \_\_\_\_\_

Which language(s) does the student currently speak most often:

- At home: \_\_\_\_\_
- At school: \_\_\_\_\_

Does the student switch between languages when:

- Speaking?  Yes  No
- Writing?  Yes  No

Does the student have trouble expressing him or herself in the classroom?

- Native language:  Yes  No
- English:  Yes  No

Does the student have difficulty understanding directions or the spoken language of others?

- Native language:  Yes  No
- English:  Yes  No

Does the student spend time with a caregiver other than his/her parents?  Yes  No

- If yes, what language(s) does the caregiver use with the student? \_\_\_\_\_

Any other relevant background/family information: \_\_\_\_\_

Most academic tasks and curricula reflect American middle class values and experiences. They also rely heavily on paper/pencil tasks, independent reading, and verbally presented information, which may create difficulties for English learners.

- What social norms from the student's culture may affect the student's academic performance in and out of the classroom? (e.g., limited eye contact with adults) \_\_\_\_\_
- What social supports, if any, does the family have in the area? (e.g., extended family members, cultural/religious community centers or groups, etc.) \_\_\_\_\_
- Does the family actively participate in holidays, celebrations, and community events related to their cultural or language group? \_\_\_\_\_

Does the student have any medical diagnoses?  Yes  No

- If yes, please describe: \_\_\_\_\_

Does the student currently take any medications?  Yes  No

- If yes, please describe: \_\_\_\_\_

**C) Educational and English Language Development History**

Did the student attend preschool?  Yes  No

- If yes, what school? \_\_\_\_\_ Dates: \_\_\_\_\_
- Language of instruction: \_\_\_\_\_

Did the student participate in EI/ECSE (early childhood special education)?  Yes  No

- If yes, what location? \_\_\_\_\_ Dates: \_\_\_\_\_
- Language of instruction: \_\_\_\_\_

Please list the previous schools the student has attended. If outside the district, please provide the location of the school.

Grade Level	School Attended	School Year	Days Absent

Has the student ever been referred for truancy?  Yes  No

Does the student have frequent morning tardies or early pick-ups?  Yes  No

- If yes, please describe: \_\_\_\_\_

When was the student’s most recent:

- Vision screening: \_\_\_\_\_ Pass?  Yes  No
- Hearing screening: \_\_\_\_\_ Pass?  Yes  No

Please provide information about the student’s English language development support at school, past and present.

Program Type	Minutes per Week	Language of Instruction	Participating School Years
ELD Pullout			
Dual Immersion			
Content ELD (SIOP, GLAD, etc.)			

- ❖ Please attach the student’s **ELPA/ELPA-21** score reports and **other available CALP data** (IPT, WMLS, etc.)

**D) Current Academic Information (exclude if no academic concerns)**

- ❖ Please attach **state testing** information for each school year.
- ❖ Please attach *at least* the past year’s **benchmark** data and **performance** for reading, math, and other areas.

- ❖ Is the student currently progress monitored beyond benchmark testing?  
 \_\_\_ Yes (**Please attach data/graph printout**) \_\_\_ No

**E) Academic Supports and Interventions (exclude if no academic concerns)**

What differential strategies have been tried so far within the classroom (e.g., preferential seating)?

Description	Start & End Date	Setting(s), Period(s), Subject(s)	Outcome
	___ to ___		
	___ to ___		
	___ to ___		
	___ to ___		

What evidence-based academic interventions/curriculums have been tried so far?

Curriculum Name/ Intervention Program	Start & End Date	Duration & Frequency	Group Size	Intervention Teacher	Outcome
	___ to ___	___ mins per ___			
	___ to ___	___ mins per ___			
	___ to ___	___ mins per ___			
	___ to ___	___ mins per ___			

**F) Current Behavioral, Emotional, Social Information (exclude if no concerns in this area)**

*ELLs may exhibit behaviors that are commonly associated with learning problems or mimic other disorders. However, they can often be best attributed to English proficiency or cultural differences.*

- ❖ Please attach a description of the frequency and duration of the behavioral, emotional, or social problems, possible triggers, and classroom strategies or behavior interventions attempted.
- ❖ Please attach any behavioral monitoring data (SWIS, ARGOS, FBA, behavior plan, etc.)

**Team members completing form:**

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

**Parent interview completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Form submitted to:** \_\_\_\_\_ **on** \_\_\_\_\_ **for the next step in the process.**