

English as a New Language Request for Services (ENL)

ENL Units of Study

This request is for the		20__ - 20__	<input type="checkbox"/> ESY		<input type="checkbox"/> School Year	
DISTRICT APPROVAL FOR SERVICE REQUEST						
School District:		Start Date:		End Date:		
STUDENT AND FAMILY INFORMATION						
Student's Name:		DOB:		Gr:		Gender <input type="checkbox"/> F <input type="checkbox"/> M
Address:		Home Phone:				
Parent/Guardian:		Work:		Cell:		
Parent Email:		Does the student have 504 Plan <input type="checkbox"/> No <input type="checkbox"/> Yes IEP <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please immediately share the IEP with Monroe #1 BOCES on IEP Direct or fax copy of the IEP to (585) 387-3845				
SCHOOL INFORMATION						
School :		Address:				
Contact Person:		Title:		Phone:		
Email						

K – 8 (check one)

- Entering (2 unit)
- Emerging (2 unit)
- Transitioning (1 units)
- Expanding (1 units)
- Commanding (.5 unit)

9 – 12 (check one)

- Entering (3 units)
- Emerging (2 units)
- Transitioning (1 unit)
- Expanding (1 unit)
- Commanding (.5 unit)

Other (check one)

- HLQ
- NYSITELL
- NYSESLAT

Comments:

Please attach most recent NYSITELL and/or NYSESLAT scoring information

Print name	Signature of LEA Representative	Date
By signing this form, your district is agreeing to amend its service contract.		

Send or email request to: Liz Walton and Kim Fulton
Regional Programs and Services
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