

## 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	
<b>DISTRICT APPROVAL FOR SERVICE REQUEST</b>						
School District:		Start Date:		End Date:		
<b>STUDENT AND FAMILY INFORMATION</b>						
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				
<b>SCHOOL INFORMATION</b>						
School :		Address:				
Contact Person:		Title:		Phone:		
Email						

### K – 8 (check one)

- Entering (2 units - 360 minutes)  
 Emerging (2 units - 360 minutes)  
 Transitioning (1 unit - 180 minutes)  
 Expanding (1 unit - 180 minutes)  
 Commanding (.5 units - 90 minutes)

### 9 – 12 (check one)

- Entering (3 units - 540 minutes)  
 Emerging (2 units - 360 minutes)  
 Transitioning (1 unit - 180 minutes)  
 Expanding (1 unit - 180 minutes)  
 Commanding (.5 units - 90 minutes)

### Other (check one)

NYSITELL - paper assessments need to be provided by the district

Comments below:

**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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