

Newfoundland Labrador English Second Language (ESL) Students and Public Examinations

Student Information		
Student Name:	MCP#	
School Name:	School ID#	
Date of Brith:	School Date of Application:	
Request for recognition of assessment strategies utilized by ESL students must be submitted to the District by February 14 th . If the ESL student also requires accommodations due to an exceptionality, the "Accommodations for Public Examinations" form must be completed and attached. If the selections chosen for the "Course Information" section of both forms are identical, only the "ESL and Public Examinations" form is submitted to the District.		
Section A: This Section to be Completed by School Personnel		
Student qualifies for ESL se ☐ yes ☐ no	ervice:	
"Accommodation for Public □ yes □ no	Examinations" form attached:	
Section B: This Section to be Completed by School Personnel		
Identify Courses and So	elect Assessment Strategies:	
If assessment strategies are being requested for more than one course please list all applicable in "Course Information 1". If there are different strategies being requested for a course or courses please use subsequent "Course Information" sections.		
•	t all courses for which the indicated assessment strategy(s) oly)	
Course name(s) and numb	er(s):	
□Bilingual dictionary (the c	lictionary must not have any definitions)	
□ Extended time, amount of time		
☐ Clarification of instructions		
Course Information 2 (list all courses for which the indicated assessment strategy(s) apply)		
Course name(s) and numb	er(s):	
☐ Bilingual dictionary (the dictionary must not have any definitions)		
□ Extended time, amount of time		
□ Clarification of instructions		

Course Information 3 (list all courses for what apply)	nich the indicated assessment strategy(s)		
Course name(s) and number(s):			
☐ Bilingual dictionary (the dictionary must not have any definitions)			
☐ Extended time, amount of time			
□ Clarification of instructions			
Signature of ESL Teacher *	Date		
Signature of Student	Date		
Signature of Parent/Guardian	Date		
Signature of Principal	Date		
* Where no ESL teacher is assigned to the school, the student's language arts teacher signs.			
Section C: This section to be Completed by the Senior Education Officer for Student Support Services			
□ approved □ partially approved □ not approved			
□ request consultation with Manager for Evaluation			
Details (required when partially approved, not approved, or when consultation is requested)			
Signature of Senior Education Officer for Student Support Services Date			