



Vancouver Island North School District No. 85

PO Box 90, Port Hardy, BC V0N 2P0
Tel: (250) 949-6618 Fax: (250) 949-8792

ELL Referral Form

The information on this form is collected under the authority of the School Act, Sections 13 and 97. The information provided will be used for education program purposes and, when required, may be provided to health services, social service or other support services outlined in Section 97(2) of the School Act. If you have any questions about the collection and use of this information please contact Irene Isaac (250) 949-6618.

Student's Name: _____ Birthdate: ____/____/____

Current Grade: _____ Age: _____

School: _____ Referral Date: _____

Signature of Referring Teacher

Signature of Principal

1) What features of this student's oral language indicate a need for ELL support?

2) What features of this students' written language indicates a need for ELL support?

Note: A letter must be sent home to parents/guardians advising them that their child is receiving this support (see template)

