

Recommendation for FLES Testing for _____

(School Name)

Student's Name _____ Student's I.D. Number _____

Parent's or Guardian's Name _____

Current home address (with zip code) _____

Current home telephone number _____

Check qualifying criteria: Enrollment in bilingual education _____
(If outside of MISD, provide name of school _____,
location _____, year(s) of enrollment in bilingual
education _____ & ATTACH documentation.)

Enrollment in a FLES or Dual-Language program _____
(If outside of MISD, provide name of school _____,
location _____, year(s) of enrollment in the program
_____ & ATTACH documentation.)

Attendance at a school in a Spanish-speaking country _____
(Provide name of school _____,
country _____, year(s) of attendance _____
& ATTACH a paper report card or other proof of enrollment in the school)

Check means of granting testing permission:

Parent letter _____ (Please attach)

Phone call _____ Parent called _____ Date contacted _____

Name of person that called parent _____

Parent conference _____ Parent contacted _____ Conference Date _____

Name of person that conferenced with parent _____

Counselor's FINAL Signature _____ Date _____

Forms are due to Debbie Oliver at Central Office Room 606 NO LATER THAN
Friday, April 5th.