

**English Language Education (ELE) Department  
 Service Referral Form**

Referring Person Name/Position:
Date:
District:
School Contact Person & Address (if different):
District/School ELE Contact Person:
Phone Number:
Fax Number:
Target Date(s):
Estimated Hours of Service Needed:

**Menu of Services**

<input type="checkbox"/> Direct ESL instruction*	<input type="checkbox"/> EL Student Screening/Assessment
<input type="checkbox"/> Professional Development/Workshop	<input type="checkbox"/> ESL and/or SEI consultation/coaching
<input type="checkbox"/> Program Evaluation	<input type="checkbox"/> Other (please specify):

*Consultative Services, Program Evaluations & Screenings/Assessments are billed at \$93/hour for member districts and \$113/hour for non-members.  
 \*Direct ESL instruction is billed at \$77/hour for member districts and \$93/hour for non-members. Twenty minutes of planning time will be billed for every hour of direct instruction*

\*For Direct ESL Instruction, please provide student information (create additional rows as needed)

Student Name:	Student Grade:	Student ELD (proficiency) Level:	Special Population (check any/all that apply):	Home Language(s):	Parent/Guardian Contact Information:
		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Limited Schooling <input type="checkbox"/> IEP/504 <input type="checkbox"/> Refugee <input type="checkbox"/> Migrant <input type="checkbox"/> Other (please explain)		

***For non-member districts, travel will also be billed at the hourly rate***

\_\_\_\_\_  
 District Administrator      Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
 SEEM Administrator      Date: \_\_\_/\_\_\_/\_\_\_