



**Bartlett City Schools**  
**English as a Second Language Program**  
Phone 901.202.0855 ext. 243 Fax 901.202.0854

**Consultation Form**

Date: \_\_\_\_\_ ESL Teacher: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Name of Student: \_\_\_\_\_

The student listed above is an ESL student that is currently on consultation status. I am monitoring this student's progress and documentation will be kept in the student's ESL folder.

Please indicate if any accommodations are being used in the classroom:

\_\_\_\_\_Yes \_\_\_\_\_No

Please list accommodations being used in the classroom with the student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any concerns you have for this student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Academic Grades as of \_\_\_\_\_:

- LA: \_\_\_\_\_
- Math: \_\_\_\_\_
- Social Studies: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

AIMSweb: Date: \_\_\_\_\_ Status: \_\_\_\_\_

Other Assessment Information: Assessment: \_\_\_\_\_ Date \_\_\_\_\_

Status: \_\_\_\_\_

Other Assessment Information: Assessment: \_\_\_\_\_ Date \_\_\_\_\_

Status: \_\_\_\_\_

Academic Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete & return to \_\_\_\_\_ by \_\_\_\_\_.

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