



Language Dominance Assessment Referral

Multilingual Education Program

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form #002-F09
June 2023

Clear Form

*** Required fields**

Student's Name*: _____ Student ID*: _____

Address: _____ City: _____ Zip: _____

School*: _____ Grade*: _____ Year*: _____ Teacher*: _____

Date of Birth*: _____ Age: _____ Sex*: _____ Hispanic or Latino? Yes No Race: _____

Guardian:

Relationship*: _____ Main Phone*: _____ *Home Cell

Name*: _____ Alternate Phone _____ Home Cell

Address: _____

Does the student currently receive MEP Services? * Yes No

If yes, current MEP teacher*: _____

If MEP services were provided previously, when did the services end? _____

Primary languages spoken in the home*: _____

Date of screening IEP meeting*: _____

Case Manager*: _____ Date*: _____

List names of all potential assessors

(e.g. name of School Psychologist, Speech-language Pathologist, etc.):*

First and last name of assessor: _____

First and last name of assessor: _____

First and last name of assessor: _____

STOP!

Before submitting...

Verify that you have:

Saved this form on your computer

Completed all required* fields.

Secured Parent Permission using the OIEP Notice and Consent for Assessment form by adding "Language dominance" under "Other"

Send both documents electronically to the MEP office @ melissa.gaeta@fcps.org