**Houston County Schools**

**Consultation Record for Special Education and ESOL**

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| **Step 1: Email ESOL Coordinator for approval of consultative status.** **Date of Approval by ESOL Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \*Attach documentation |
| **Step 2: Complete information below during initial meeting.****Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_\_\_\_ **School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ACCESS or W-APT Proficiency Levels:** CPL \_\_\_\_ L \_\_\_\_ S \_\_\_\_ R \_\_\_\_ W \_\_\_\_ **Initial Meeting Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Strengths Identified:****Issues or Concerns:****Desired Outcome(s):*** Challenges (What might interfere with success of interventions?)
* Previous Interventions (What has worked? What has not worked?)
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**Step 3: Use the chart below to document consultations on a monthly (minimum) basis.**

*Note: The purpose of these consultations is to discuss appropriate adaptations and accommodations of the language demands of instructional content and tasks as well as student progress as related to language acquisition.*

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| **Date** | **Type of Communication****(ex. meeting, email, phone, etc.)** | **Summary of Discussion Held****(attach additional documentation as necessary)** | **ESOL Teacher Signature** | **Special Education Teacher Signature** **(if not in person, attach supporting documentation)** |
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