



ESOL PROGRAM

ENTRY or EXIT TESTING RECORD

Student _____ School _____

Entry Testing Date _____ Exit Testing Date _____

Test Administrator _____ Test Administrator _____

a. Name of Test Administered:

b. Test Results:

c. Recommended Educational Plan:

**ESOL Teacher
Signature _____**

Date _____

White Copy: ESOL Teacher
Yellow Copy: Student File
Pink Copy: ESOL Coordinator