

***CONTINUUM OF ESOL PLACEMENT
TESTS FOR EXCEPTIONAL STUDENTS
RELATIVE LANGUAGE DOMINANCE
ASSESSMENT - B***

***PART 1 - CHECKLIST
PART 2 - INTERVIEW***

Use Assessment B, if the student:

- Has acquired beginning readiness skills
- Speaks in simple phrases and sentences
- Communicates using gestures effectively
- Identifies common objects/body parts
- Responds to questions related to his/her name and school environment

CONTINUUM OF ESOL PLACEMENT TESTS FOR EXCEPTIONAL STUDENTS
RELATIVE LANGUAGE DOMINANCE ASSESSMENT-B (RLDA-B)

PARTS 1 AND 2

DIRECTIONS FOR ADMINISTERING THE RLDA-B - PARTS 1 AND 2

The RLDA-B **must** be administered in both languages (English and the home language) in order to establish language dominance and an ESOL level. The following are the guidelines for administering the RLDA-B - Parts 1 and 2.

1. Elicit/observe the responses from the student and/or parent when completing the checklist, Part 1 of the RLDA-B. Then conduct the interview, Part 2 of the RLDA-B, with the student. The responses to Part 2 are written in the space provided under each question. The responses are all first elicited in English and then in the home language.
2. If the response is appropriate, mark the box with a plus (+). If the response is inappropriate or there is no response, mark the box with a minus (-). This must be done for each item in both languages (i.e., English and the home language).
3. The entire RLDA-B - Parts 1 (checklist) and 2 (interview) must be administered (items 1-26).

SCORING PROCEDURES: RLDA-B PARTS 1 AND 2

1. Count the plus (+) marks in the English column and write the number in the space titled Total Pluses in English on the RLDA-B Test Response Sheet and do the same for the Home Language.
2. The following chart is used to determine the student's Raw Score and ESOL level.

ASSESSMENT B		
Total Pluses in English	Raw Score	ESOL Level
0-5	4	I
6-10	8	II
11-16	12	III
17-22	16	IV
23-26	20	V

3. Write the student's ESOL level in the space provided on RLDA-B Test Response Sheet.



Miami-Dade County Public Schools Bilingual/ESOL ESE Program

CONTINUUM OF ESOL PLACEMENT TESTS FOR EXCEPTIONAL STUDENTS CHART

Student's Name: _____

ID#: _____

Assessment Levels	Description of Socio-communicative and Academic Language Skills (Receptive/Expressive)	Suggested Test to be Used
<p>ASSESSMENT A</p> <p><input type="checkbox"/></p> <p>_____ <u> </u> Date Teacher/Examiner Initials</p>	<p>Use Assessment A, if the student:</p> <ul style="list-style-type: none">- Retains a story with visual prompts, if necessary- Has acquired readiness/literacy skills- Speaks in complete sentences or phrases- Maintains a conversation- Maintains a topic- Uses language to interact with others	<p>Miami-Dade County Public Schools Oral Language Proficiency Scale-Revised and/or Miami-Dade County Modified Oral Language Proficiency Scale-Revised Prekindergarten through Twelfth Grades</p>
<p>ASSESSMENT B</p> <p><input type="checkbox"/></p> <p>_____ <u> </u> Date Teacher/Examiner Initials</p>	<p>Use Assessment B, if the student:</p> <ul style="list-style-type: none">- Has acquired beginning readiness skills- Speaks in phrases and simple sentences- Communicates using gestures effectively- Identifies common objects/body parts- Responds to questions related to his/her home and school environment	<p>Relative Language Dominance Assessment (RLDA) - B</p> <p>Part 1 - Checklist Part 2 - Interview</p>
<p>ASSESSMENT C</p> <p><input type="checkbox"/></p> <p>_____ <u> </u> Date Teacher/Examiner Initials</p>	<p>Use Assessment C, if the student:</p> <p>Uses one or all of the following:</p> <ul style="list-style-type: none">- Sign language- Purposeful gestures- Non-speech sounds- PECS/pictures- Follows one step directions- Responds to "look here"/"come here"- Identifies objects- Uses intelligible words- Nods "yes" or "no"	<p>Relative Language Dominance Assessment (RLDA) - C</p>
<p>ASSESSMENT D</p> <p><input type="checkbox"/></p> <p>_____ <u> </u> Date Teacher/Examiner Initials</p>	<p>Use Assessment D, if the student:</p> <ul style="list-style-type: none">- Fixates on speaker for a period of time (e.g., three seconds)- Makes facial expressions or changes posture when spoken to- Uses different types of cries- Responds to sounds and/or name- Produces non-speech sounds	<p>Relative Language Dominance Assessment (RLDA) - D</p> <p>Part 1 - Checklist Part 2 - Home Language Screening Questionnaire</p>

DIVISION OF SPECIAL EDUCATION			DATE (MM/DD/YY)	_____
PRINT STUDENT'S NAME	(LAST) □	(FIRST) □	(M.I.)	STUDENT ID. NO.
_____			_____	_____

RELATIVE LANGUAGE DOMINANCE ASSESSMENT B
CONTINUUM OF ESOL PLACEMENT TESTS

School: _____ Grade: _____ Date of Assessment: _____

Examiner(s): _____ Respondent: _____

Total Pluses in English _____ Raw Score _____ ESOL Level _____

Total Pluses in Home Language _____

Part I

English Home Language

- | | | |
|--|--------------------------|--------------------------|
| 1. Follows one step command | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Nods head for "yes" or "no" when responding to a request for example, "Do you want milk?" | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Responds to "Come here" without a gestural cue. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Responds to "Look at the _____." (choose an object in the classroom) without a gestural cue. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Identifies four colors (receptively and/or expressively) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Imitates two-four words | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Says one word spontaneously throughout the day | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Says three words spontaneously throughout the day | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Identifies (e.g., points to) at least three food items when told their names, for example "Show me the milk." | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Names four objects in the room | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Identifies six of the following body parts: eyes; nose; ears; mouth; hands; feet; head; hair | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Says first name when responding to the question "What is your name?" | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Communicates in 1-2 word phrases | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Says full name | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Sings/recites parts of songs (e.g., nursery rhymes; rap songs) with recognizable words | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Makes verbal greetings | <input type="checkbox"/> | <input type="checkbox"/> |

RLDA - B (Cont.)

Part II

Write the student's response to the following questions. Write a plus or minus in the box provided following each response.

17. What is your teacher's name? and/or What grade are you in? (If appropriate)

English _____

Home Language _____

18. Who lives with you at home? (Probe: Teacher may state for example "Does your mommy live at home?")

English _____

Home Language _____

19. Use a picture from M-DCOLPS-R (use grade appropriate level) - and state "Tell me about this picture". [Use the following questions to further probe. What do you see in this picture? Do you see a _____, _____? What do you see? What is (the man) doing? Where are they (e.g., going, sitting, playing?)]

English _____

Home Language _____

20. What is your favorite story/book? Tell me the story. (Use probing questions. What happened in the story?)

English _____

Home Language _____

21. What do you do when there is no school?

English _____

Home Language _____

ASSESSMENT B - Part II (Cont.)

22. Do you have a friend/relative (e.g., brother)? (If a student answers NO, ask him if he knows somebody in his class) What does (name of friend/sister) do with you? (e.g., Do you play?)

- English _____
- Home Language _____

23. Tell me what you did this morning.

- English _____
- Home Language _____

24. What do you do if you break the point of your pencil/break a toy?

- English _____
- Home Language _____

25a. Primary Students

1. What does a mommy/daddy or mom/dad do at home (if needed, refer to question #18)

- English _____
- Home Language _____

25b. Intermediate/Secondary Students

1. What does a police officer do?

- English _____
- Home Language _____

26. What is your favorite TV show, video or movie? (Teacher may probe such as "Do you like Sesame Street"?) Tell me about it.

- English _____

- Home Language _____

COMMENTS:

CONTINUUM OF ESOL PLACEMENT TESTS FOR EXCEPTIONAL STUDENTS

RELATIVE LANGUAGE DOMINANCE ASSESSMENT - C

CHECKLIST

Use Assessment C, if the student: uses one or all of the following:

- uses sign language
- uses purposeful gestures
- produces non-speech sounds
- uses Picture Exchange Communication System(PECS)/pictures
- follows one step directions
- responds to "look here"/"come here"
- identifies objects
- uses intelligible words
- nods yes or no

CONTINUUM OF ESOL PLACEMENT TESTS FOR EXCEPTIONAL STUDENTS
RELATIVE LANGUAGE DOMINANCE ASSESSMENT-C (RLDA-C)
DIRECTIONS FOR ADMINISTERING THE RLDA-C

The RLDA-C checklist **must** be administered in both languages (English and the home language) in order to establish language dominance and an ESOL level. The following are the guidelines for administering the checklist:

1. Elicit/observe the responses from the student and/or parent when completing the checklist. The responses are all first elicited in English and then in the home language.
2. If the response is appropriate, mark the box with a plus (+). If the response is inappropriate or there is no response, mark the box with a minus (-). This must be done for each item in both languages (i.e., English and the home language).
3. The entire RLDA-C checklist must be administered (items 1-19).

SCORING PROCEDURES: RLDA-C

1. Count the plus (+) marks in the English column and write the number in the Total Pluses in English on the RLDA-C Test Response Sheet (page 20).
2. The following chart is used to determine the student's Raw Score and ESOL level.

ASSESSMENT C		
Total Pluses in English	Raw Score	ESOL Level
1-4	4	I
5-8	8	II
9-12	12	III
13-16	16	IV
17-19	20	V

DIVISION OF SPECIAL EDUCATION			DATE (MM/DD/YY)	_____
PRINT STUDENT'S NAME	(LAST) □	(FIRST) □	(M.I.)	STUDENT ID. NO.
_____			_____	_____

RELATIVE LANGUAGE DOMINANCE ASSESSMENT C
CONTINUUM OF ESOL PLACEMENT TESTS

School: _____ Grade: _____ Date of Assessment: _____

Examiner(s): _____ Respondent: _____

Total Pluses in English _____ Raw Score _____ ESOL Level _____

Total Pluses in Home Language _____

	English	Home Language
1. Turns eyes and/or head toward verbalizations	<input type="checkbox"/>	<input type="checkbox"/>
2. Focuses on speaker	<input type="checkbox"/>	<input type="checkbox"/>
3. Smiles purposefully in response to verbal interactions with adult/peers	<input type="checkbox"/>	<input type="checkbox"/>
4. Vocalizes when spoken	<input type="checkbox"/>	<input type="checkbox"/>
5. Responds to name (pronounced in English; responds to name pronounced in Home Language)	<input type="checkbox"/>	<input type="checkbox"/>
6. Follows one step command	<input type="checkbox"/>	<input type="checkbox"/>
7. Responds to a verbal greeting (e.g., smile; hello)	<input type="checkbox"/>	<input type="checkbox"/>
8. Attempts to imitate words/sounds	<input type="checkbox"/>	<input type="checkbox"/>
9. Given three like objects, the student will select the big one For example - "Show me the big _____".	<input type="checkbox"/>	<input type="checkbox"/>
10. Shakes head "no" or "yes" when given choices	<input type="checkbox"/>	<input type="checkbox"/>
11. Responds to, "Come here" without a gestural cue	<input type="checkbox"/>	<input type="checkbox"/>
12. Responds to "Look at the _____ (choose an object in the classroom)" without a gestural cue	<input type="checkbox"/>	<input type="checkbox"/>
13. Points/gestures/identifies at least two objects of food when told their names, for example "Show me the milk"	<input type="checkbox"/>	<input type="checkbox"/>

RLDA - C (Cont.)**English****Home Language**

- | | | |
|--|--------------------------|--------------------------|
| 14. Points/gestures/identifies two articles of clothing when told their names, for example "Show me the shoes" | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Points/gestures/identifies four objects from items in the room when told their names | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Identifies two common body parts such as eyes; mouth and nose when requested | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Responds to the prepositions "in" and "out" (use classroom materials as appropriate), for example "Put the block in the box. Take the block out of the box." Note: Student must demonstrate both prepositions to get credit for this item | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Identifies one color (receptively and/or expressively) | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Given the function, the student will identify the familiar object when given a choice of three objects. For example, "What do you eat with?" Examiner shows a spoon, a ball, a book | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

***CONTINUUM OF ESOL PLACEMENT
TESTS FOR EXCEPTIONAL STUDENTS
RELATIVE LANGUAGE DOMINANCE
ASSESSMENT - D***

PART 1 - CHECKLIST

PART 2 - HOME LANGUAGE SCREENING QUESTIONNAIRE

Use Assessment D, if the student:

- Fixates on speaker for a period of time (e.g., three seconds).
- Makes facial expressions or changes posture when spoken to
- Uses different types of cries
- Responds to sounds and/or name

CONTINUUM OF ESOL PLACEMENT TESTS FOR EXCEPTIONAL STUDENTS
RELATIVE LANGUAGE DOMINANCE ASSESSMENT-D (RLDA-D)
DIRECTIONS FOR ADMINISTERING THE RLDA-D

The responses to the checklist **must** be administered in both languages (English and the home language). In addition, the attached Home Language Screening Questionnaire (HLSQ) must be administered to the parent. The parent must sign the HLSQ. The following are the guidelines for administering the checklist:

1. Elicit/observe the responses from the student and/or parent when completing the checklist. The checklist is administered in both languages.
2. Administer the HLSQ to the parent, have the parents sign the HLSQ, and complete Part II on the RLDA-D Test Response Sheet (page 25).

The following are guidelines administering the checklist:

SCORING PROCEDURES: RLDA-D

1. Determine the language dominance of the student based on both instruments, checklist and HLSQ. If the student is dominant in English the student is considered an ESOL level 5. (Raw Score 20). If the student is dominant in the home language the student is considered an ESOL level 1 (Raw Score 4).
2. The following chart is used to determine the student's raw Score and ESOL level based on the responses to the checklist and HLSQ.

ASSESSMENT D		
	Raw Score	ESOL Level
Dominant in Home Language English	4	I
Dominant in English	20	V

3. Write the student's ESOL level in the RLDA-D Test Response Sheet (page 25).

DIVISION OF SPECIAL EDUCATION		DATE (MM/DD/YY)	_____
PRINT STUDENT'S NAME	(LAST)	(FIRST)	(M.I.)
_____			STUDENT ID. NO.
_____			_____

RELATIVE LANGUAGE DOMINANCE ASSESSMENT D
CONTINUUM OF ESOL PLACEMENT TESTS

School: _____ Grade: _____ Date of Assessment: _____

Examiner(s): _____ Respondent: _____

Total Pluses in English _____ Raw Score _____ ESOL Level _____

Total Pluses in Home Language _____

Language Dominance English or Home Language (circle one) Raw Score 4 or 20 (circle one) ESOL Level 1 or 5 (circle one)

Part I

English Home Language

- | | | |
|---|--------------------------|--------------------------|
| 1. Turns eyes and/or head towards verbalizations | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Focuses on speaker | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Vocalizes and/or makes sounds when spoken to | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Smiles purposefully in response to verbal interactions with adult/peers | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Shows postural or facial expression during familiar phrases (i.e., greetings.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Responds to "Time to go", "Let's eat", "Hi, _____." | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Responds to name (When name is pronounced in English and/or Home Language.) | <input type="checkbox"/> | <input type="checkbox"/> |

Part II

Administer the Home Language Screening Questionnaire (see attached) to the parent. Determine the use of the home language by answering these questions.

- | | |
|--|--------------------------|
| 1. The HLSQ indicates that the home language is used most often in the home. | <input type="checkbox"/> |
| 2. The HLSQ indicates that English is used most often in the home. | <input type="checkbox"/> |

COMMENTS: _____



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DOC
TYPE 4219E

DATE (MM/DD/YY)				
PRINT STUDENT'S NAME (LAST)	(FIRST)	(M.I.)	STUDENT ID. NO.	

HOME LANGUAGE SCREENING QUESTIONNAIRE

School: _____ Grade: _____ Date of Birth: _____

Respondent's Name: _____ Father [] Mother [] Guardian [] Other: _____

Examiner/Teacher's Name: _____



1. What is/are the language(s) spoken most often in the child's home? _____
2. What language was the child exposed to first? _____
3. Does the child have problems communicating at home? Yes/No _____ If yes, explain, how does your child communicate with you? _____
4. What language is used with the child? _____
 - a. Language used by the mother with the child: _____
 - b. Language used by the father with the child: _____
 - c. Language used by the child with sibling(s): _____
 - d. Language used by the child with his/her peers: _____
5. Does the child have difficulties following spoken directions? Yes/No _____ Describe: _____
6. In what country, and when, was the child first introduced to English? _____ Age: _____
7. Describe the setting in which the child first learned English. _____
8. Has the child been taught in his/her native language? Yes/No _____ If yes, explain _____
9. Is the child frustrated about communicating in English? Yes/No _____ Describe: _____
10. Does the child watch television in a language other than English? Yes/No _____ If yes, in which language? _____
11. Does the child listen to the radio in a language other than English? Yes/No _____ If yes, in which language? _____
12. Does the child read or is read books, magazines, etc., in a language other than English at home? Yes/No _____ If yes, in which language? _____ Types of Material: _____

Parent/Guardian Signature

Date



ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

TIPO DE DOCUMENTO 4219S

NOMBRE IMPRESO DEL ESTUDIANTE			FECHA (MES/DÍA/AÑO)
(Apellido)	(Nombre)	(Inicial)	
NÚMERO DE IDENTIDAD DEL ESTUDIANTE			

CUESTIONARIO DE INVESTIGACIÓN DEL IDIOMA USADO EN EL HOGAR
(Spanish)

Escuela: _____ Grado: _____ Fecha de Nacimiento: _____

Nombre de la Persona que respondió: _____ Padre [] Madre [] Guardián [] Otro: _____

Nombre del Examinador /Maestro: _____

1. ¿Cuál o cuáles son los idiomas que se hablan más frecuentemente en el hogar del niño? _____
2. ¿A qué idioma estuvo expuesto inicialmente el niño? _____
3. ¿Tiene problemas el niño comunicándose en el hogar? Sí/No _____ Si contestó sí, explique cómo su niño se comunica con usted: _____
4. ¿Qué idioma se usa con el niño en el hogar?
 - a. Idioma que usa la madre con el niño _____
 - b. Idioma que usa el padre con el niño _____
 - c. Idioma que usa el niño con su (s) hermano(s) _____
 - d. Idioma que usa el niño para comunicarse con sus compañeros _____
5. ¿Tiene dificultades el niño en seguir instrucciones verbales? Sí/No _____ Describalas: _____
6. ¿En que país y cuándo estuvo expuesto el niño por primera vez al idioma inglés? _____ Edad: _____
7. Describa el medio ambiente en el cual inicialmente el niño aprendió el inglés. _____
8. ¿Ha recibido el niño educación en su idioma nativo? Sí/No _____ Si la respuesta es sí, explique _____
9. ¿Se siente el niño frustrado comunicándose en inglés? Sí/No _____ Describa: _____
10. ¿Mira el niño la televisión en algún otro idioma que no sea el inglés? Si/No _____ Si la respuesta es sí, en qué idioma? _____
11. ¿Escucha el niño la radio en algún otro idioma que no sea el inglés en el hogar? Sí/No _____ Si la respuesta es sí, ¿en qué _____
12. ¿Lee el niño o se le lee al niño libros, revistas, etc., en algún otro idioma que no sea el inglés? Sí/No _____ Si la respuesta es sí, ¿en qué idioma? _____ Tipos de Materiales: _____

Firma del Padre / Tutor

Fecha



LEKÒL PIBLIK MIAMI DADE
BIWO EDIKASYON ELÈV EKSEPSYONÈL
AK SÈVIS ELÈV / KARYÈ PWOFEYONÈL

DOC
TYPE 4219H

Ekri non Elèv (siyati) (non) (M.I.)

Dat (Mwa) (Jou) (Ane)	_____
Nimewo Idantifikasyon Elèv la	_____

HOME LANGUAGE SCREENING QUESTIONNAIRE
(Haitian-Creole)

Lekòl _____ Klas _____ Dat Fèt _____

Non moun ki ap reponn nan _____ Papa [] Manman [] Gadyen [] Lòt: _____

Non Evalyatè/Pwofesè _____

1. Ki lang ki pale pi souvan kay timoun nan? _____

2. Ki premye lang timoun nan te tande? _____

3. Èske timoun nan gen pwoblèm pou li kominike ak moun lakay li (wi / non) _____. Si wi, esplike kouman timoun nan komimike avè w? _____

4. Ak ki lang nou sèvi lè nou ap pale ak timoun nan?

a. lang manman an pale ak timoun nan? _____

b. lang papa a pale ak timoun nan? _____

c. lang timoun nan pale ak frè l ak sè l? _____

d. lang timoun nan pale ak zanmi / kanmarad li? _____

5. Èske timoun nan gen difikilte pou l swiv direksyon lè yo pale avè l? Wi / Non _____ esplike: _____

6. Nan ki peyi, e ki lè timoun nan te tande anglè premye fwa? _____ Laj: _____

7. Explike ki kote ak kilè timoun nan te tande anglè premye fwa. _____

8. Èske timoun nan te resevwa enstriksyon nan lang li premye pale a? Wi / Non _____ Esplike: _____

9. Eske timoun nan chwazi yon lang nanplas lòt? Wi/Non _____ Si se wi, kilès? _____

10. Èske timoun nan gade televizyon nan yon lòt lang ke anglè? Wi / Non _____ Si wi, nan ki lang? _____

11. Èske timoun nan tande radyo nan yon lòt lang ke anglè? Wi/Non _____ Si wi, nan ki lang? _____

12. Èske timoun nan li, ousnon yo li pou timoun nan nan yon lòt lang ke anglè lè li lakay li? _____

Wi / Non _____ Si wi, nan ki lang _____ Ki kalite liv? _____

Siyati Paran / Gadyen

Dat

FM-4219H Rev. (01-20)