

Guam Department of Education

ANNUAL FOLLOW UP FOR STUDENT EXITED FROM THE ESL PROGRAM

Top portion to be completed by ESL coordinator, bottom portion to be completed by regular classroom teacher(s)

Student Name: _____ Student ID#: _____ DOB: _____

School: _____ Grade: _____ School Year: _____

ESL Coordinator: _____

 - grades in academic subjects are "C" or above - working on grade level - communication skills satisfactory - other _____

Signature of

Teacher: _____ Subject/Rm. #: _____ Date: _____

 - grades in academic subjects are "C" or above - working on grade level - communication skills satisfactory - other _____

Signature of

Teacher: _____ Subject/Rm. #: _____ Date: _____

 - grades in academic subjects are "C" or above - working on grade level - communication skills satisfactory - other _____

Signature of

Teacher: _____ Subject/Rm. #: _____ Date: _____

 - grades in academic subjects are "C" or above - working on grade level - communication skills satisfactory - other _____

Signature of

Teacher: _____ Subject/Rm. #: _____ Date: _____

 - grades in academic subjects are "C" or above - working on grade level - communication skills satisfactory - other _____

Signature of

Teacher: _____ Subject/Rm. #: _____ Date: _____

Signature of

ESL Coordinator _____ Date: _____