## APPENDIX C: SLIFE REGISTRATION OPTION TWO

**Interview Sample Questions to Determine SLIFE Status Division-wide [School Division Logo here]**

***(For school personnel)* Please answer the questions below prior to the interview to determine possible SLIFE Status.**

ELP Screener Score of Level One or Two? □ Yes □ No Age Eight years or older? □ Yes □ No

Date your child first entered U.S. schools:

**If either response is marked “NO”, please do not proceed with the interview. Student Demographics:**

|  |
| --- |
| Student Name: |
| Date of Birth: |
| Age: |
| Gender Identification: |
| Grade Placement: |

**Interview Details:**

|  |  |
| --- | --- |
|  | Responses |
| Division and school in which the student is enrolling: |  |
| Date of interview: |  |
| Location of Interview: |  |
| Mode of interview (Virtual or In-person): |  |
| Interviewer’s Name: Title: |  |
| Who is being interviewed?□ Student □Parent □Other |  |
| In which language is the interview being conducted? |  |
| Interpreter’s Name: |  |

**Summary of Education Experience (to be completed by school personnel)**

Discuss all previous school experiences. Use school records if available.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Start Date | End Date | Country | Name of School/Contact Information | Grade(s) Completed | Attendance Questions (How many days, weeks, months were missed?) | Notes (Repeated a grade, Special Education, suspensions, special awards, gifted classes, etc.) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***(Optional) Additional questions, not directly linked to the Virginia SLIFE definition, which may support LIEP placement and instruction.***

#### Questions for the Parent(s) or Guardian(s)

Does your child read and write in your preferred language(s)? □ Yes □ No Can you provide school records? □ Yes □ No

Has your child ever received an evaluation for learning difficulties? □ Yes □ No If yes, please describe.

What can you tell me about your child’s grades and school performance?

Do you have any concerns about how your child reads, writes, speaks or listens in your language(s)?

□ Yes □ No

If yes, please describe.

**Questions for the Student**

What is your favorite class in school?

What goals do you have in school?

What do you want to do when you leave school?

What fears do you have about starting school in Virginia?

How can your teachers help you feel more comfortable?

Do you have any questions?