

SCHOOLS BRANCHEthnic Minority Achievement
Service
**REQUEST FOR ASSESSMENT OF PUPIL WITH ENGLISH AS AN
ADDITIONAL LANGUAGE (EAL)**

 Form no:
(Office Use Only)

Please complete **all parts** of this form and return to Admin, EMAS, Unit 5, Ascot Court, White Horse Business Park, Trowbridge BA14 OXA or fax to 01225 785699

NB: Visits cannot be arranged until all the information is provided.

Parental permission is not required for an EAL assessment.

School:	Headteacher:
School Address:	
Tel No:	
Full Name of Pupil:	
Name Pupil is to be known by:	Male/Female
Date of Birth:	Year Group:
Place (Country) of Birth:	
Date of arrival in UK if born outside UK (month and year):	
Ethnic Background:	Language(s) used:
Previous education within UK:	
Previous education outside UK:	
Date of admission to present school:	Class Teacher/ Form Tutor:
Other relevant details (e.g. siblings, parents' occupations, relevant medical conditions, whether permanent or temporary residents)	
Headteacher's Signature:	Date:

ACTION (Office use only)