

Department of Bilingual Education and World Languages

Request for Correction on "J" Screen

Please complete this form to request changes related to the "J" screen. Include a form per each "J" screen correction. **Fax a copy of the "J" screen** with changes noted on the appropriate field(s) along with evidence to confirm change of information. For example, fax a copy of the CELLA Report if your request is to change the "assessment date" and "ESOL entry date" on the "J" screen.

Date:				
To: Deland Innocent, District Supervisor Department of Bilingual Education and World Languages Mail Code: #9609, Suite 341 Fax: 305-523-0165 (Direct Fax) 305-523-0789 (Office Fax) dinnocent@dadeschools.net				
From:	(Name of sch	Location # ool)	Phone#	
Requested	d by:			
Signature (Administrator or designee):				
Number of pages:				
Student II	D#:	Name:	Gra	de:
ESOL Le	Date 🖵 Survey	Responses Assessmeng/Language Entry Dat	nt Date 📮 C e 📮 E	xit Info.
Printout	of "J" Screen	nts that are being faxed as <u>e</u> Copy of W e Survey	LEP Plan	rection along with this form:
For office us	se only:			