

Request to Extend Bilingual Instructional Support

Complete a separate request form for each language. This form is to be completed before the BIA exit date.

Request Date: _____ Name of Center/Site: _____
Teacher: _____ Best Way to Contact: Phone Email
Phone Number: _____ Email: _____
Language Needed: _____ Number of Children Who Speak This Language: _____
Name of Assigned BIA: _____ BIA Exit Date: _____

After meeting with your BIA and reviewing the Child Evaluation Form(s), please provide the following information:

Number of children at each level on MyTeachingStrategies Objective 37 (*Demonstrates progress in listening and understanding English*):

Level 2-Beginning: _____ Level 4-Progressing: _____
Level 6-Increasing: _____ Level 8-Advancing: _____

Number of children at each level on MyTeachingStrategies Objective 38 (*Demonstrates progress in speaking English*):

Level 2-Beginning: _____ Level 4-Progressing: _____
Level 6-Increasing: _____ Level 8-Advancing: _____

What is your plan for intentionally using your BIA for the next 2 months? [Click or tap here to enter text.](#)

Which schedule will best serve the children in your classroom per class?

- 1 day a week, 2 hrs. a day 3 days a week, 2 hrs. a day*
 2 days a week, 2 hrs. a day 4 days a week, 2 hrs. a day*

**These two options will require a review of the data by the BIA supervisor*

Please complete a Request to Extend form every 2 months to determine continued BIA language support.

Email completed form to Juanita Salinas at jsalinas@psed.org.

For Office Use Only:

Assigned BIA: _____ Next Review Date: _____
Schedule: _____ Date Teacher is Contacted with Info: _____