

English Language Support (ELS) Instructor Referral Form

Course Number/Department: _____

Instructor: _____

Student: _____

To make a 30-minute appointment:

- Visit the ELS website: www.capilanou.ca/els, or
- Search “ELS” in Moodle

Description of Purpose of Referral (to be completed by instructor):

- | | |
|--|--|
| <input type="radio"/> Clarifying Assignment Instructions | <input type="radio"/> Reading Comprehension |
| <input type="radio"/> Planning Assignment | <input type="radio"/> References and Citations |
| <input type="radio"/> Proofreading Assignment | <input type="radio"/> Help with Presentation or Group Assignment |
| <input type="radio"/> Pronunciation and/or Speaking | <input type="radio"/> Other: _____ |

ELS Appointment Date/Time: _____

Signature of ELS Faculty: _____ Return form to your instructor

Individualized Study Plan (to be completed by student and ELS instructor):

I will focus on improving the following:

I will use the following resources and/or strategies: