DEPARTMENT OF BILINGUAL EDUCATION AND WORLD LANGUAGES MATERIALS REQUISITION **Public Schools** Date _____ Work Location # (WL) ____ Regional Center: ____ Ship to: School Name: _____ Contact person Name: _____ School Phone: Contact person Email: ESOL PROGRAM 6600 TRANSMITTAL FORMS ITEM DESCRIPTION UNIT QTY. ESOL Program Records Folder (K-12) EA Oral Language Profiency Scale-Revised (OLPS-R) Pre-K through K (First Semester) Test/Answer Sheets EA Oral Language Profieciency Scale-Revised (OLPS-R) K (Second Semester) - 2nd Grade Test/Answer Sheets EA Oral Language Proficiency Scale-Revised (OLPS-R) Pre-K through K (First Semester) Interview and Test To request OLPS-R Manuals email **Guidelines Manual** Ana Sanchez at Oral Language Proficiency Scale-Revised (OLPS-R) K asanchez@dadeschools.net (Second Semester) 2nd Interview and Test Guidelines Manual

Email request form Attn: Ana Sanchez at asanchez @dadeschools.net

If questions email: Ana Sanchez at asanchez @dadeschools.net