

Initial Placement in the ESOL Program

Kindergarten Student in SLPS

Initial Placement Procedures:

Step 1: *HLS with at least 1 “Yes” to any of the three questions.*

Step 2: Test students as follow *(Complete a Delay of Testing form if applicable)* *ESOL Share Point - (ESP)*

K-2 Grade		3-12 Grade	
What Test to use?		What Test to use?	
Kindergarten WIDA Screener		WIDA Online Screener	
Scores Interpretation		Scores interpretation	
1.0 – 3.5 in Listening OR Speaking student qualifies for ESOL	4.0 – 6.0 in Listening AND Speaking student does not qualify for ESOL.	1.0 – 3.5 in Reading OR Composite Student qualifies for ESOL.	4.0 – 6.0 in Reading AND Composite Student does not qualify for ESOL
Complete Initial Form	Complete FES Forms	Complete Initial Placement Form	Complete FES Form

Step 3: Programmatic Assessment. Form is in Initial Placement Packet *ESP*

Step 4: Complete Data Entry Form for Initial Placement. *ESP*

Step 5: Have data specialist enter information in skyward *within 2 weeks.*

Step 6: Create and save ELL Plan or complete FES paperwork (*ESP/ELV*)

Step 7: Print, Sign, date, staple, and *file documents.*

Note: ESOL Folders **Must include**

FES Packet (<i>ESP</i>)	ELL Packet (<i>ELV</i>)
<ul style="list-style-type: none"> Original Home Language Survey WIDA Screener Score Report Notification of Program Placement in English and Parent Home language if available. Copy of Delay of Testing (if applicable) <p>Send parent a copy: Notification of Placement indicating non-eligibility of services in parent <u>Home Language if available</u></p>	<ul style="list-style-type: none"> Original Home Language Survey WIDA Screener Score Report Initial ELL Plan Notification of Program Placement in English and Parent Home language if available. Copy of Delay of Testing (if applicable) <p>Send parent a copy: Notification of Placement indicating eligibility of services in parent <u>Home Language if available</u></p>

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PROGRAMMATIC ASSESSMENT PARENT/STUDENT INTERVIEW

Student Name _____ Student ID _____ Grade _____

School Name _____ DEUSS _____ Date _____

In Accordance with State rule 6A-6.0902: Each school district shall seek to document the prior schooling experience of ELLs by means of school records, transcripts and other evidence of educational experiences, and take such experiences into account in planning and providing appropriate instruction to such students. For foreign-born students, the same district adopted policies regarding age appropriate placement shall be followed as are followed for students born in the United States.

Is the student literate in their native language? Yes No

When did the student learn to read? Age _____

Where did the student attend school? _____

How many years did the student attend school? _____

Was the student's attendance consistent? Yes No

Was the student enrolled in any special programs? _____

If yes, please specify: _____

Was there any interruption in the student's formal education? Yes No

If yes, explain why _____

In which subject is the student excelling? _____

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PROGRAMMATIC ASSESSMENT GRADE PLACEMENT CHECKLIST

Student Name _____ Student ID _____ Grade _____

School Name _____ DEUSS _____ Date _____

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Check ALL options considered in grade level placement.

Age appropriate

Interview student's parent or guardian to determine prior educational experiences and academic subject competencies.

Results of Interview if student **does not** have records:

Grade the student was in during previous school year: _____

Type of school student attend: Rural Urban Private Public

Total number of years the student was in school: _____

Was the student ever retained? No Yes Which grade? _____

Review of student's cumulative folder:

Previous school record (attach copy)

Verified promotion of retention.

Verified the academic calendar previous school.

Checked academic year of report card.

Checked sending county's educational system and grade level equivalency with the U.S.

Insync grade level formative assessment in native language when feasible.

Literacy Test Name: _____ Date: ____/____/____ Results _____

Math Test Name: _____ Date: ____/____/____ Results _____

Language assistance was provided by _____

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ESOL DATA INPUT FOR INITIAL PLACEMENT

Please enter as soon as received. Student's schedule must be created with appropriate funding codes.

ESOL data will be available in Ellevation the next business day.

Student Name:	Student ID:	DEUSS:	Date Completed:
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*Skyward Pathway: **SPECIAL PROGRAMS-ELL- ADD New Record***

Begin Sts <u>Click to Open</u>	Start Date:	End Date: <i>(Not Applicable)</i>	Check Extension of Instruction <i>(Not Applicable)</i>
Referral Date:	Classification Date:	Reevaluation Date: <i>(If Applicable)</i>	Student Plan Date:
Program Participation Type Code E (English Speakers of Other Languages)	PK-12 Type Code LY (The students is classified as limited English proficient)	Fund Source Type Code E (Title III Part A)	
Basis of Entry: <u>Check One Box</u> A (Oral/Aural) R (Reading & Writing) L (ELL/LEP Committee)		Basis of Exit 1: Z <i>(Not Applicable)</i>	Basis of Exit 2: Z <i>(Not Applicable)</i>
Reclassification Date <i>(Not Applicable)</i>			Exit Date: <i>(Not Applicable)</i>
Access for ELLs Tier Placement:		Entrance Comment:	Exit Comment: <i>(Not Applicable)</i>

Records with NO testing data will not be transmitted in surveys and funding will not be claimed for the student.

Test Date:	Test Name:	Check Box with Test with Multiple Scores	Test Form: Only Applicable with CELLA	Test Level (Leave Blank)	Entry
Designation: Leave Blank			Proficiency Level: Leave Blank		
Listening Test Subject Content: 18	Test Score Type:	Test Score:			
Speaking Test Subject Content: 18	Test Score Type:	Test Score:			
Reading Test Subject Content: 10	Test Score Type:	Test Score:			
Writing Test Subject Content: 30	Test Score Type:	Test Score:			

Access for ELLs Tier Placement Guide
Tier A: Newly arrived in the United States or for ELL students who scored 1.0 – 2.0 Access for ELLs Overall Composite Proficiency Level Score. IPT Score 0001.
Tier B: For students who scored 2.1 – 3.0 Access for ELLs Overall Composite Proficiency Level Score. IPT Score 0003.
Tier C: For students who scored 3.1 – 6.0 Access for ELLs Overall Composite Proficiency Level Score. IPT Score 0006.
Code D: For students who take the Alternate FSA (FSAA)
Code Z: For students who are being exited (LF) or have been exited (LZ) from the ESOL program All Kindergarten Students.

Test Score Type	
Test	Score Type
WIDA Screener	AL
CELLA	SS
IPT	RS
LLK	SS
DLD	RS

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Please Remember

1. Follow procedures in first page of this packet.
2. Print pages 2 – 4 of this packet.
3. Provide Data Specialist with **Data Input Form** prior to completing student's ELL Plan in Ellevation. Allow one business day for data to be reflected in Ellevation.
4. Print ELL Plan in Ellevation. Sign all documents requiring signatures.
5. Attach the following documents to student's ELL Plan and file in ESOL folder:
 - a. Home Language Survey
 - b. Programmatic Assessment
 - c. Copy of Delay of Testing (if applicable)
 - d. Copy of Notification of Program Placement (English and student's native language)
 - e. Copy of student's educational record (if applicable)

