

## ELL Student Plan

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_ Date Entered in a U.S School (K-12) \_\_\_\_\_

**Check the appropriate box & complete ALL the appropriate information:**

<input type="checkbox"/> <b>Initial Placement</b> Student Plan Date: _____  Referral Date: _____  Classification Date: _____  DOCUMENTS ATTACHED <input type="checkbox"/> Programmatic Assessment <input type="checkbox"/> Copy of <u>Parent Notification of Placement</u> <input type="checkbox"/> Copy of <u>Delay of Testing Notification</u>	<input type="checkbox"/> <b>Annual Continuation of Services</b> Student Plan Date: _____  <input type="checkbox"/> Copy of Notification of Continuation of ESOL Services attached  Transfer Comments: _____ _____ _____ <input type="checkbox"/> Previous School Records enclosed	<input type="checkbox"/> <b>EXIT</b> Exit Date: _____  Basis of Exit: <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> L  Monitoring: 1 <sup>st</sup> Report Card Date: _____ 1 <sup>st</sup> Semi-annual Date: _____ 2 <sup>nd</sup> Semi-annual Date: _____  End of the 2 <sup>nd</sup> Year : _____  REPORT CARD MUST BE ATTACHED FOR EACH MONITORING WITH COINCIDING MARKING PERIOD.	<input type="checkbox"/> <b>Reclassification</b> Reclassification Start Date: _____  Reclassification Exit Date: _____  Monitoring: 1 <sup>st</sup> Report Card Date: _____ 1 <sup>st</sup> Semi-annual Date: _____ 2 <sup>nd</sup> Semi-annual Date: _____  End of the 2 <sup>nd</sup> Year _____  REPORT CARD MUST BE ATTACHED FOR EACH MONITORING WITH COINCIDING MARKING PERIOD.
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Test Name	IPT	IRW Reading	IRW Writing	CELLA Listening	CELLA Speaking	CELLA Reading	CELLA Writing	FCAT	OTHER
Test Date									
Score									
Language Proficiency Level		(Not applicable)	(Not applicable)					(Not applicable)	(Not applicable)

<p><b>Statewide and Assessment Accommodations:</b></p> <input type="checkbox"/> Flexible setting <input type="checkbox"/> Flexible time <input type="checkbox"/> Use of word-to-word bilingual dictionary <input type="checkbox"/> Assistance in Heritage Language (Word-to-word only translations)  <p><b>Student receives services from other Program(s):</b>  <input type="checkbox"/> NO <input type="checkbox"/> YES _____ (specify)</p> <p><b>Schools must provide students with a word to word bilingual dictionary throughout the school year and must be made available in every class.</b></p>	<p><b>Instructional Model:</b></p> <input type="checkbox"/> Mainstream/Inclusion <input type="checkbox"/> Sheltered English-Language Arts through ESOL <input type="checkbox"/> Additional Support _____ (specify)  <p><b>FTE Summary Schedule:</b> (130 Funding must be reflected for students under 6 yrs.)</p> <input type="checkbox"/> 1 <sup>st</sup> Semester (K-12) Schedule Attached <input type="checkbox"/> 2 <sup>nd</sup> Semester (6-12) Schedule Attached
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Print Name of Person Completing Form \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_