

St. Lucie Pubic Schools
ELL Committee Meeting Form
 ESOL Department

Student Name _____ Student ID _____ Grade _____

School Name _____ Referred by: _____ Date _____

Student with IEP: *An IEP meeting with ELL Committee representation must be held prior to testing the ESE student for placement in an ESOL Program.*

Date IEP with ELL Committee Representation: _____ **Date of Current IEP:** _____
 (This meeting **MUST** take place prior to testing the ESE student for placement in an ESOL Program)

Check Appropriate Box

Person Making Referral: Teacher Counselor Parent Other _____

Reason for Referral: Entry Through ELL Committee Exit Through ELL Committee Parent Conference
 Reclassification
 (Student re-entered while in the monitoring period **NOT** making adequate progress for at least **TWO** consecutive marking periods due to language acquisition.)

Please attach the following documentation:

- ✓ Copy of Parent Participation in ELL Committee Meeting
- ✓ Updated ELL Student Plan
- ✓ IPT/IRW Test Booklets
- ✓ Student's prior educational experiences/student interview
- ✓ Written recommendation and observation by current and previous instructional and supportive services staff
- ✓ Student's grades for current and/or previous year
- ✓ Student's test results in Math, Science and Social Studies

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)

Notes: (Write appropriate comments related to the purpose of the meeting)

Print Name of ESOL Contact	Signature of ESOL Contact	Date
Print Name of Administrator/Designee	Signature of Administrator/Designee	Date
Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
Print Name of Teacher	Signature of Teacher	Date
Print Name of Other Participant	Signature of Other Participant	Date

Form is used for: Parent Conferences, Initial Placement, Exit and Reclassification Through an ELL Committee

Please follow the instructions below:

Student Name: Print student's full name as it appears on Skyward

Student ID: Print student's ID number as it appears on Skyward

Grade: Print student's current as it appears on Skyward

School Name: Print current school name

Referred by: Print name of the making referral

Date: Print date meeting takes place

Check the appropriate box & complete ALL the appropriate information:

Student with IEP: *An IEP meeting with ELL Committee representation must be held prior to testing the ESE student for placement in an ESOL Program.*

Date of Current IEP: Print date of current IEP

Date IEP with ELL Committee Representation: Print meeting date. This meeting **MUST** take place prior to testing the ESE student for placement in an ESOL Program.

Person Making Referral is: Check appropriate. If "Other" is checked write the position of the person making the referral.

Reason for Referral: Check appropriate box.

The following documentation *MUST* be attached for each referral option:

- ✓ Copy of Parent Participation in ELL Committee Meeting
- ✓ Updated ELL Student Plan
- ✓ IPT/IRW Test Booklets
- ✓ Student's prior educational experiences/student interview
- ✓ Written recommendation and observation by current and previous instructional and supportive services staff
- ✓ Student's grades for current and/or previous year
- ✓ Student's test results in Math, Science and Social Studies

Test Scores: Complete this section for Initial and Exit

Initial placement through ELL Committee: If test data reflects proficiency (i.e. FES in Listening/ Speaking and more than 33%ile or above Reading and/or Writing) additional data **MUST** reflect a need for language proficiency support.

Exit through ELL Committee: Any student being considered for exit by an ELL Committee shall be assessed using the IPT/IRW. Additional data such as IEP should be considered in final decision.

Reclassification: Print **MOST** recent scores.

Notes: Write appropriate comments related to the purpose and outcome of the meeting.

Signatures: *Three or more signatures required of ELL Committee Members in attendance. **If parent participates via phone at the time of the meeting, please follow this procedure:***

- **Print Parent's Name**
- **Under Signature line write "Participated via Phone-Call", include phone number**
- **Date**