

St Lucie Public Schools  
ESOL Department

	Month	Day	Year
DEUSS (Date Entered in a U. S. School)			
Reclassification (If applicable)			

ELL Committee for Reevaluation & ELL Student Plan for Extension of Services

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

School Name \_\_\_\_\_ Services Type  Extension Date \_\_\_\_\_

Reevaluation accountability as required by the State Law: ELL Committee must convene on/or 30 days before the Date Entered in a U.S. School (**DEUSS**). The reevaluation process must take place on the third anniversary of the Date entered in a U.S. School (**DEUSS**) and annually thereafter. \*Place this completed form with attachments in the student's ELL folder.

THE FOLLOWING DOCUMENTS ARE ATTACHED

_____ Report Card (Prior to extension)	_____ FCAT Scores
_____ Oral/Aural IPT-Test Booklet	_____ IRW (Reading and Writing) -Test Booklet
_____ Parent Participation Form	_____ CELLA (Comprehensive English Language Learning Assessment)

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)

ELL Committee Recommendation(s):

\_\_\_\_\_ will be in the mainstream/inclusion classroom. The teacher will provide all the accommodations and will utilize instructional strategies to teach the English Language

*Student Name*

\_\_\_\_\_ will be in the Sheltered English-Language Arts through ESOL classroom. The teacher will provide all the accommodations and will utilize instructional strategies to teach the English Language

*Student Name*

**Meeting Minutes** (Please indicate appropriate intervention(s), special and supportive service evaluations and programs that will be implemented. Data must drive service(s) implementation and revisions as needed)

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BOTH SIDES OF THIS FORM MUST BE COMPLETED

ELL Committee for Reevaluation & ELL Student Plan for Extension of Services

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

Student Plan Date \_\_\_\_\_ Person Completing Form \_\_\_\_\_

School Name \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Please don't forget to indicate on the ESOL Data Input the correct Fund Source **E**

**Statewide and Assessment Accommodations:**

- Flexible setting
- Flexible time
- Use of word-to-word bilingual dictionary
- Assistance in Heritage Language (Word-to-word only translations)

**Student receives services from other Program(s):**

NO  YES \_\_\_\_\_ (specify)

**Schools must provide students with a word to word bilingual dictionary throughout the school year and must be made available in every class.**

**Instructional Model:**

- Mainstream/Inclusion (classroom teacher provides accommodations and utilizes instructional strategies to teach the English Language)
- Sheltered English-Language Arts through ESOL (Language Arts teacher provides accommodations and utilizes instructional strategies to teach the English Language)
- Additional Support \_\_\_\_\_ (specify)

**FTE Summary Schedule:**

(130 Funding must be reflected for students under 6 yrs.)

- 1<sup>st</sup> Semester (K-12) Schedule Attached
- 2<sup>nd</sup> Semester (6-12) Schedule Attached

A minimum of **three** Committee member signatures in attendance are required in addition to the parent.

\_\_\_\_\_  
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

**BOTH SIDES OF THIS FORM MUST BE COMPLETED**