**EL Procedures**

**Escambia County Schools**

**IDENTIFICATION**

If Home Language Survey is marked language other than English, contact Federal Programs Supervisor and School’s EL Liaison within one day.

**ASSESSMENT**

Federal Programs Supervisor or EL Liaison will screen the student. **Form A**, Determination of Student Eligibility for Program Placement, will be completed by screener. EL personnel at the school will begin placement process if student qualifies for services. A copy of **Form A** and the results of the screening are kept in student Cumulative folder regardless of eligibility.

**PLACEMENT**

Parent is notified through **Form A** and **Form B** (Notice of Proposed Meeting) that student qualifies for EL services and is invited to meeting with EL Committee. EL personnel begin **Form C**, EL Student Referral and Placement.

School EL Committee meets with parent(s) to complete student’s IELP (**Form D**), accommodations page (**Form E**), and placement (**Form C**). Parents may choose to opt-out of EL services at any time (**Form F**: Refusal of services).

All teachers follow student EL Plan through the year, committee meets as needed to review student progress and make plan changes. Parents must always be contacted and invited to participate.

Student takes ACCESS for ELLs each spring. ACCESS scores (stickers) are maintained on student cum folder.

**Continuing Services**

At the beginning of each new school year for students who are returning to the program, parents should be sent a continuation letter (**Form J**) with an invitation for the annual meeting (**Form B** Notice of Proposed Meeting).

After the meeting, a new IELP (**Form D**) and accommodations (**Form E**) are adopted and followed throughout the school year.

**EXIT PROCEDURES**

Student continues to be in EL program until:

1. Student scores a 4.8 or higher composite score on ACCESS for ELLs
2. Parent decides to remove student from EL program

When student scores 4.8 or higher on ACCESS for ELLs, parents are notified that they will enter the monitoring phase of the EL program and will no longer receive accommodations. They are classified as “Former LEP in Monitoring”, or FLEP Monitored. Parent notification letter should be sent home (**Form K**).

The monitoring process continues for four (4) years after a student is exited from the EL program. The EL Committee checks student progress at the conclusion of each quarter, and completes **Form H** (Monitoring Form)

After the successful completion of the fourth year of monitoring, the student is no longer classified as an EL student.

**Parents Right-to-Know**

 (English Learners)

**Title I Section 1112 (3)(A)**

Language Instruction-

(A) NOTICE.—Each local educational agency using funds under this part or title III to provide a language instruction educational program as determined under title III shall, not later than 30 days after the beginning of the school year, inform parents of an English learner identified for participation or participating in such a program, of—

(i) the reasons for the identification of their child as an English learner and in need of placement in a language instruction educational program;

(ii) the child’s level of English proficiency, how such level was assessed, and the status of the child’s academic achievement;

(iii) the methods of instruction used in the program in which their child is, or will be, participating and the methods of instruction used in other available programs, including how such programs differ in content, instructional goals, and the use of English and a native language in instruction;

(iv) how the program in which their child is, or will be, participating will meet the educational strengths and needs of their child;

(v) how such program will specifically help their child learn English and meet age-appropriate academic achievement standards for grade promotion and graduation;

(vi) the specific exit requirements for the program, including the expected rate of transition from such program into classrooms that are not tailored for English learners, and the expected rate of graduation from high school (including four-year adjusted cohort graduation rates and extended-year adjusted cohort graduation rates for such program) if funds under this part are used for children in high schools;

(vii) in the case of a child with a disability, how such program meets the objectives of the individualized education program of the child, as described in section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C. 1414(d)); and

(viii) information pertaining to parental rights that includes written guidance—

(I) detailing the right that parents have to have their child immediately removed from such program upon their request;

(II) detailing the options that parents have to enroll their child in such program or to choose another program or method of instruction, if available; and

(III) assisting parents in selecting among various programs and methods of instruction, if more than 1 program or method is offered by the eligible entity.

(B) SPECIAL RULE APPLICABLE DURING THE SCHOOL YEAR.—For those children who have not been identified as English learners prior to the beginning of the school year but are identified as English learners during such school year, the local educational agency shall notify the children’s parents during the first 2 weeks of the child being placed in a language instruction educational program consistent with subparagraph (A).

(C) PARENTAL PARTICIPATION.—

 (i) IN GENERAL.—Each local educational agency receiving funds under this part shall implement an effective means of outreach to parents of English learners to inform the parents regarding how the parents can—

(I) be involved in the education of their children; and

(II) be active participants in assisting their children to—

(aa) attain English proficiency;

(bb) achieve at high levels within a well-rounded education; and

(cc) meet the challenging State academic standards expected of all students.

 (ii) REGULAR MEETINGS.—Implementing an effective means of outreach to parents under clause (i) shall include holding, and sending notice of opportunities for, regular meetings for the purpose of formulating and responding to recommendations from parents of students assisted under this part or title III.

(D) BASIS FOR ADMISSION OR EXCLUSION.—A student shall not be admitted to, or excluded from, any federally assisted education program on the basis of a surname or language-minority status.

 (4) NOTICE AND FORMAT.—The notice and information provided to parents under this subsection shall be in an understandable and uniform format and, to the extent practicable, provided in a language that the parents can understand.

(Revised April 2017)

**Determination of Student Eligibility for Program Placement**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_

Dear Parent or Guardian:

You completed a Home Language Survey when your child registered for school. On that form you indicated that a language other than English is spoken by your child or in the home. Based on this information, the school gave your child a test to determine his or her eligibility for placement in English Learner Services provided by funding from Title I, Title III, or both.

We used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to test your child’s English language abilities in speaking, reading, writing and listening.

Based on your child’s results we:

 recommend that your child be placed in English Learner Services provided by Title I.

 do not recommend English Learner Services because your child does not qualify for these services.

If your child is placed in English Learner Services, we feel these services will help your child do well in school and meet graduation requirements. Please sign below where indicated and return this notice to your child’s school.

Thank you for your interest in the quality of your child’s education. Please see the attached notice for a meeting regarding your child’s status as an EL student, and feel free to contact us if you have any questions or if you do not wish to have your child placed in the program.

Sincerely,

­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name Position Date

Contact email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone (251)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form A**

**ESCAMBIA COUNTY SCHOOLS**

|  |
| --- |
| **NOTICE OF PROPOSED MEETING** |
| Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location:  |
| **The purpose of this meeting is to discuss participation in the EL program.** |
| Because your input is important to us, we encourage you to make every effort to attend this meeting. If you have questions, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . (Name) (Telephone)Signature of EL Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **PARENT-STUDENT** |
| Please check one of the following boxes, sign, date, and return this form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before the date of the scheduled meeting.  \_ I will attend this meeting. \_ I cannot meet at the date and time indicated. \_ I will not be able to meet with you. I will contact you if I want more information or a copy of the LEP plan. |
| Please check one of the following boxes. \_ I do not need a translator. \_ I will bring a translator with me (family member, friend) \_ I will need a translator.Signature of Parent or Student at Age 19 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **OFFICE USE ONLY** |
| Documented attempts to contact parent/student (age 19) for EL meeting. |

 **Form B**

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

**ESCAMBIA COUNTY SCHOOLS**

EL Student Referral and Placement Form

|  |
| --- |
| **Part I** Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First\_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ U.S. Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Escambia Co. Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Language Survey Completed \_\_\_\_ Yes \_\_\_\_No Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part II** *To be completed by EL school representative* Test Results **W-APT WIDA/ACCESS Other Assessments**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Speaking \_\_\_\_\_\_Listening \_\_\_\_\_\_Reading \_\_\_\_\_\_\_Writing \_\_\_\_\_\_\_\_Composite \_\_\_\_\_\_ | Listening \_\_\_\_\_Speaking \_\_\_\_\_Reading \_\_\_\_\_\_Writing \_\_\_\_\_\_\_Comprehension \_\_\_\_\_Composite \_\_\_\_\_***A composite score of 4.8 is required to exit the EL program.*** | ACT Aspire Reading \_\_\_\_\_\_\_\_ Math \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Lang. | Read. | Math | Sci. | Write |
| ACT |  |  |  |  |  |

 |

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EL Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |

|  |
| --- |
| **Part III** *Within ten (10) days EL Committee must complete this section* **EL Committee Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****The parental signature below indicates permission for student participation in the EL program.**EL Committee Signatures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Position Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Position Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Position Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Parent/Guardian Date **FORM C** |

**Individual English Learning Plan (I-ELP)**

**ESL Student Placement/Reevaluation Form**

**STUDENT NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER**:  Male  Female **DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_\_\_**

**ENTRY IN US SCHOOL (Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INITIAL ELP INFO: W-APT Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCORE: \_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACCESS for EL 2.0 Scores:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** |  |  |  |  |  |  |  |  |
| **Composite** |  |  |  |  |  |  |  |  |

**Recommendations for school year: 20\_\_\_ - 20\_\_\_**

**CURRENT LEP STATUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ESL PLACEMENT:** (*Select one)*

 ENTER  CONTINUE  EXIT, Begin Monitor YR 1

 EXITED: FLEP2, FLEP3, FLEP4 – *complete Monitor documentation*

 REFUSAL of ESL/Title III Supplementary Services –*attach form*

**ESL SERVICE:** (*Select as needed)*

* Content-based Instruction
* ESL Pull-Out w/ English Language Development
* ESL Sheltered Classroom
* ESL Newcomer Center
* English Immersion w/ EL Resources
* Other

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCOMMODATIONS:** *(If yes, attach ESL Accommodations Checklist)*

 Needed in Regular Classroom ****** YES ****** NO

**ALTERNATIVE GRADING SYSTEM (K-8 only):**

 Needed in Regular Classroom ****** YES ****** NO

**STATE-MANDATED TESTING:** *(Attach ASAP documentation)*

* Participate in regular testing

 Participate with accommodations

 Participate in alternative assessments

 Exempt LEP1 – Minimally, must participate in Math and Science *(see EL Plan)*

* Improve ACCESS Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Exit ESL Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Improve Academic Grades: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Study Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Social/Personal Goal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cultural: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESL Program/Status Notification:**

******Mailed ****** Hand-delivered

**ACCESS for ELLs Parent Report:**

******Mailed ****** Hand-delivered

**ALL SCHOOL COMMUNICATION TO BE SENT IN:**

 English Only  English & Home Language

*The ELL Committee is responsible for all academic decisions regarding the English learner (EL). All decisions must reflect what is in the best interest of the EL. Decisions are based on need, not available resources.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESL Liaison Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT DATE

Form D

**Classroom Accommodations for ELs: Grades K-2 Form E**

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

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EL Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_

**Listed below are accommodations that facilitate comprehension for ELs during instruction and assessment. These accommodations are determined by the EL Committee in consideration of the student’s English language proficiency level and individual instructional needs based on ACCESS scores, can-do descriptors and teacher observations. Accommodations are not optional, but part o f the student’s individual EL plan.**

|  |  |
| --- | --- |
| **Instruction:** | **Assignments:** |
| 1. Simplify language used in instruction
2. Provide additional instructions including reviews, drills and/or opportunities for re-teaching
3. Teach in small groups: *(indicate content area)*
4. Allow for peer teaching (in primary language as needed)
5. Increase the use of manipulatives to enhance concepts depending on language level of learner (see “can do” indicators)
6. Provide visual aids to enhance key concepts
7. Use Graphic Organizers
8. Allow for alternate seating for proximity to peer helper or teacher as necessary
9. Assist student in creating/building picture card file for key vocabulary: *(indicate content area)*
10. Incorporate Group Work and Cooperative Learning activities allowing for primary language support when appropriate
11. Focus on and pre-teach specialized vocabulary
12. Utilize alternate reading assignments/materials at the student’s reading level
13. Utilize resources in the student’s first language
14. Teach new concepts in chunks
15. Provide frequent checks for comprehension
 | 1. Allow editing and revision before grading
2. Provide a daily or weekly syllabus of class and homework assignments
3. Give alternative homework or class work assignments suitable for the student’s linguistic ability
4. Extend time for assignment completion as necessary
5. Allow students an opportunity to express key concepts in their own words
6. Utilize alternate reading assignments/materials at the student’s reading level
7. Accept inventive spelling
8. Utilize resources in the student’s first language
 |
| **Assessments:** | **Additional Accommodations to be Provided:** |
| 1. Provide an opportunity for the student to take the test/re-test individually with a teacher or paraprofessional
2. Allow for the test to be read aloud
3. Allow for small group administration of assessments
4. Allow for informal observations of performance and classroom participation as a percentage of the overall evaluation
5. Incorporate group work into the assessment process
6. Simplify the language and format of the assessment to match the language utilized during instruction
7. Allow student to take tests with shorter sections
8. Allow for extended time to complete the assessment
9. Give student an opportunity to express key concepts in their own words
 | Permit the use of picture dictionaries during instruction, assignments, and/or assessments as neededComputer assisted lang. learningprogram(s):\_ Sheltered Instruction: *(indicate specific content area)* |

**Comments:**

**Classroom Accommodations for ELs: Grades 3-5 Form E**

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

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EL Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_

**Listed below are accommodations that facilitate comprehension for ELs during instruction and assessment. These accommodations are determined by the EL Committee in consideration of the student’s English language proficiency level and individual instructional needs based on ACCESS scores, can-do descriptors and teacher observations. Accommodations are not optional, but part of the student’s individual EL plan.**

|  |  |
| --- | --- |
| **Instruction** | **Assignments** |
| 1. Simplify language used in instruction
2. Provide additional instruction including reviews, drills and opportunities for re-teaching
3. Teach in small groups: \_ *(indicate content area)*
4. Allow for Peer Tutoring/Teaching
5. Increase the use of manipulatives to enhance concepts depending on language level of learner (see “can do” indicators)
6. Provide visual aids to enhance key concepts
7. Use Graphic Organizers
8. Allow for alternate seating for proximity to peer helper or teacher as necessary
9. Assist student in building a picture file of key vocabulary
10. Assist students to underline key words or important facts in text
11. Incorporate Group Work and Cooperative Learning
12. Provide prompts, photocopies of notes or outlines, or highlighted texts and materials
13. Utilize resources in the student’s first language
14. Teach new concepts in chunks
15. Provide frequent checks for comprehension
16. Orient students to expectations through rubrics
17. Provide simplified/additional instructions
 | 1. Allow editing and revision before grading
2. Provide a daily or weekly syllabus of class and homework assignments
3. Give alternative homework or class work assignments suitable to the student’s linguistic ability for activities and assessments
4. Extend time for assignment completion as necessary
5. Allow students an opportunity to express key concepts in their own words
6. Utilize alternate reading assignments/materials at the student’s reading level. When possible, use material specifically designed for LEP students
7. Utilize resources in the student’s first language
8. Substitute a hands-on activity or use of different media in projects for a written activity
9. Utilize assignment notebooks
10. Simplify language or shorten assignments
 |
| **Assessment** | **Additional Accommodations to be Provided:** |
| 1. Provide a word bank
2. Provide an opportunity for the student to take the test/re-test individually with a teacher or paraprofessional
3. Allow for the test to be read aloud

4. Allow for small group administration of assessments1. Use informal observations of performance and classroom participation as a percentage of the overall evaluation (see rubric).
2. Incorporate group work into the assessment process
3. Simplify the language and format of the assessment to match the language utilized during instruction
4. Provide opportunities for the student to take tests in sections/chunks
5. Allow for extended time to complete the assessment
6. Provide opportunity for student to provide oral responses to be recorded by teacher or paraprofessional
7. Accept correct answers on test or worksheets in any written form such as lists, phrases, or using inventive spELing
8. Allow editing and revision before grading
9. Design projects and assessment for student that require reduced sentence or paragraph composition
10. Use rubrics as an assessment tool in place of textbook tests
 | Permit the use of picture dictionaries during instruction, assignments, and/or assessments as neededComputer assisted lang. learningprogram(s):\_ Sheltered Instruction: *(indicate specific content area)* |

Comments:

**Classroom Accommodations for ELs: Grades 6-12 Form E**

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

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EL Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_

**Listed below are accommodations that facilitate comprehension for ELs during instruction and assessment. These accommodations are determined by the EL Committee in consideration of the student’s English language proficiency level and individual instructional needs based on ACCESS scores, can-do descriptors and teacher observations. Accommodations are not optional, but part of the student’s individual EL plan.**

|  |  |
| --- | --- |
| **Instruction** | **Assignments** |
| 1. Simplify language of instruction
2. Utilize frequent comprehension checks
3. Allow for collaborative learning and discussion in primary language when appropriate
4. Break lessons/information into smaller chunks
5. Provide hands-on activities and concrete examples
6. Use visual aids/physical clues
7. Provide outlines and graphic organizers to stress important concepts and facilitate note- taking
8. Proximity seating w/limited distractions
9. Provide specific and immediate feedback
10. Provide page numbers for answer locations
11. Permit the use of bilingual dictionaries or electronic translating device
12. Provide simplified study guides w/answers in advance of unit or lesson
13. Utilize resources in the student’s first language
 | 1. Allow student to edit or revise after re-teaching when appropriate
2. Provide a daily or weekly syllabus of class and homework assignments
3. Give alternate homework or class assignments suitable for the student’s linguistic ability
4. Extend time for assignment completion when necessary
5. Allow student an opportunity to give oral responses to be recorded by teacher or aide
6. Utilize alternate reading assignments/materials at the student’s reading level
7. Orient student to expectations through models and rubrics
8. Substitute a hands-on activity or use of different media for written activity
9. Shorten length, not content, of assignment
10. Permit the use of bilingual dictionaries or electronic translating device
 |
| **Assessment** | **Additional Accommodations to be Provided:** |
| 1. Provide a word bank for fill-in-the blank or labeling items
2. Allow student opportunity to have test read aloud by teacher or aide in either regular or ESL class
3. Allow fact or formula note cards for exams
4. Allow for small group administration of assessments
5. Re-write test items at a lower reading level
6. Reduce the number of choices on tests/quizzes
7. Accept correct answers in alternate form (drawing, misspELed, lists, graphic organizer, etc.)
8. Limit matching questions to 5 – 10 items per section
9. Allow extended time if needed
10. Allow student an opportunity to give oral responses to be recorded by teacher or aide
11. Require reduced sentence or paragraph length in open ended responses and compositions
12. Allow students to re-do or correct work when appropriate (may be for partial credit)

13. Permit the use of bilingual dictionaries or electronic translating device | Permit the use of picture dictionaries during instruction, assignments, and/or assessments as neededComputer assisted lang. learningprogram(s):\_ Sheltered Instruction: *(indicate specific content area)* |

Comments:

**ESCAMBIA COUNTY SCHOOLS**

**Parent Request for Refusal of Supplemental EL Services**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern:

I request that my student NOT receive any supplemental services provided because of his/her status as an English Learner. I understand that testing will continue until my son/daughter reaches a composite score of at least 4.8 on the ACCESS for ELLs (Assessing Comprehension and Communication in English State-to-State for English Language Learners). I also understand that my student will be supported on an individual English language plan (IELP) by the classroom teacher. This request is valid for one academic school year.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

**Form F**

**ESCAMBIA COUNTY SCHOOLS**

**Exemption from State Testing for EL Student**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeroom Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent or Guardian:

Your child will be exempt from being assessed on the Reading/Language subtest of the State of Alabama accountability assessment. He/she has been granted this exemption, because he/she has attended school in the United States for less than 12 months.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal EL Representative

**Form G**

**Escambia County Schools**

 ***EL*** Student Monitoring Form

Date: \_\_\_\_\_\_\_

Monitor Year: 1 2 3 4

*This student has reached a level of English proficiency that indicates he/she may no longer need English language development services. The student will be monitored for two years. During this time, the student may re-enter the ESL program. The student, the parent, or the mainstream teacher(s) may identify concerns.*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade:\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fill in grading period information for each grading period.**

|  |  |
| --- | --- |
| **Concerns after 1st grading period:**  | **Concerns after 2nd grading period:**  |
| **Concerns after 3rd grading period:**  | **Concerns after 4th grading period:**  |

**□** After monitoring, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is performing successfully in the mainstream classroom.

□ After monitoring, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is having difficulty in the following mainstream classes:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After this year of monitoring, it is recommended that (check one):**

**□ English language development services be re-established on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ Student remain in mainstream classes and continue to be monitored.**

**□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**

**Signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Form H**

**Escambia County Schools**

**Continuation of EL Services**

To the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year \_\_\_\_\_\_\_\_

This letter is to inform you that your child will continue to receive services as an EL student this school year. The goal of the district’s English Learner Services is to help your child learn English and meet academic standards for grade promotion and graduation. Your child took the ACCESS for ELL’s 2.0 assessment this past school year and achieved a composite score of \_\_\_\_\_\_. A score of 4.8 is required for a student to test out of EL services.

Attached is a notice of a proposed meeting to discuss your child’s EL Plan (IELP) for this coming school year. We hope that you will be able to attend this meeting to discuss your child’s education for this school year. Please complete the Parent-Student portion of this notice and return it to your child’s school as soon as possible.

If you have any questions, please contact me as the EL liaison for your child’s school:

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EL Liaison

**Form J**

**ESCAMBIA COUNTY SCHOOLS**

**PERMISSION TO EXIT THE EL PROGRAM**

Student Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EL Representative Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent or Guardian:

Your child has been participating in the District's English Language (EL) program and has progressed well in this program. Based on assessment results and academic performance, we feel that he/she is able to function in an all English curriculum without accommodations or ESL support. As a result, we request your permission to exit your child from the EL program. His/her progress will be monitored for four years. During the first year, he/she will be classified as Former Limited English Proficient (monitor year 1). During the second year, he/she will be classified as Former Limited English Proficient (monitor year 2), and so on.

If you have any questions, feel free to contact the EL representative listed above at the school.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal EL Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Granting Permission for Exit from EL

**Form K**