This form should be completed by the individual responsible for providing the instructional program for the EL students and the classroom teacher. This form should be updated annually. **Person completing this form**

STUDENT NAME			DOB		Age	

PRIMARY LANGUAGE SPOKEN		LANGUAGE(S) SPOKEN IN HOME	

ADDITIONAL LANGUAGE(S)		DATE FIRST ENROLLED IN A U.S. SCHOOL		IMMIGRANT STATUS (< 3 yrs)	

PARENT/GUARDIAN NAME	

PHONE	(home)	(work)	(cell)

HOME/SCHOOL COMMUNICATION to parent/guardian is requested in:	☐ English **OR** ☐ Native Language: _____ ☐ Oral **OR** ☐ Written

ACADEMIC HISTORY PRIOR TO ENTERING CURRENT DISTRICT

Age Started School	Years in Preschool/K	Years in grades 1-5	Years in grades 6-12

Last grade completed	☐ Interrupted Formal Education ☐ Limited Schooling ☐ No Formal schooling

Has the student been referred for Special Education?	☐ Yes ☐ No	Does the child have an IEP?	☐ Yes ☐ No	Does the child have an 504 Plan?	☐ Yes ☐ No

ACADEMIC ACHIEVEMENT LEVEL HISTORY

SUBJECT	BELOW GRADE LEVEL	ON OR ABOVE GRADE LEVEL	METHOD USED TO DETERMINE LEVEL	INFORMATION NOT AVAILABLE
Example: Math	*X*		*Course grade from previous year (D)*	
Math				
Reading				
Writing				
Social Studies				
Science				

ENGLISH LANGUAGE PROFICIENCY TEST INFORMATION

TEST	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level
ELPT Speaking															
ELPT Listening															
ELPT Reading															
ELPT Writing															
Composite SCORE															

EL SERVICE

Date Identified EL Program: _____ | Date Entered EL Program: _____

☐ Student will receive Direct EL Services for _____ **Minutes** _____ **Days a week**

☐ Student will be placed in an EL Class for one Credit *(Grades 7-12 only)* **Year:** _____ **Semester:** _____

☐ Parents Declined Services (school is still obligated to serve) | Comments:

Number of years until the student is identified as a Long Term English Learner (LTEL):

List specific measurable goals for each domain (Listening, Speaking, Reading, and Writing):

LISTENING	SPEAKING	READING	WRITING

STANDARDIZED TESTING ACCOMMODATIONS

Refer to the current edition of the **Mississippi Test Accommodations Manual** for the allowable accommodations for each assessment. Specify each testing accommodation, the code for the accommodation, and each standardized test to which the accommodation applies. NOTE: The accommodations listed below must be used during regular classroom assessments and on district wide assessments prior to being used on state wide assessments.

ACCOMMODATION(S)	CODE #	TEST(S)

All testing accommodations are classroom accommodations, however not all classroom accommodations are state testing accommodations.

CLASSROOM INSTRUCTIONAL SUPPORTS AND ACCOMMODATIONS/MODIFICATIONS

To meet the needs of this child, the following are recommendations for use in regular classroom instruction:

- ☐ Paraphrasing or repeating directions in English
- ☐ Personal cueing
- ☐ Read the test directions (but not the test items) to individual students or in a small group – repeating and/or paraphrasing the directions, if needed
- ☐ Dictation of answers to test administrator/proctor (scribe) in English only
- ☐ Reader (oral administration)
- ☐ Native language word-to-word dictionaries/electronic word-to-word dictionaries (no definitions)
- ☐ Present questions in same phrasing as learning/review
- ☐ Reduced and/or modified class & homework assignments
- ☐ Modified assessments (i.e. oral)
- ☐ Break tasks/directions into subtasks
- ☐ Increase wait time
- ☐ Additional time to complete assignments and tests
- ☐ ESS (Extended School Services)
- ☐ Provide questions for classroom discussion in advance
- ☐ Label items in the room
- ☐ Previewing of academic content

- ☐ Provide shortened assignments
- ☐ Face student when speaking – speak slowly
- ☐ Print instead of using cursive; type all notes, tests, handouts
- ☐ Use high interest/low vocabulary text material
- ☐ Use overhead and provide students with copies of teacher transparencies/notes/lectures
- ☐ Make instruction visual – use graphic organizers, pictures, maps, graphs, etc. to aid understanding
- ☐ Highlight/color code tasks, directions, letters home
- ☐ Pair ELs with an English speaking "peer partner" for assistance
- ☐ Provide preferential seating or seating with a peer partner
- ☐ Check for comprehension often
- ☐ Ask questions that allow the student to answer successfully
- ☐ Allow the student opportunities to read aloud successfully
- ☐ Use manipulatives
- ☐ Use audiobooks
- ☐ Record material for student listening
- ☐ Vocabulary matching/fill-in-the-blank exercises w/ words
- ☐ OTHER:

PERSONS INVOLVED IN THE DEVELOPMENT OF THE LANGUAGE SERVICE PLAN

By signing this form, I am indicating that I have read and understood the Language Service Plan information.

PRINCIPAL *Signature* **PRINTED NAME**	**PARENT** *Signature* **PRINTED NAME**
EL COORDINATOR *Signature* **PRINTED NAME**	**PARENT** *Signature* **PRINTED NAME**
EL TEACHER *Signature* **PRINTED NAME**	**STUDENT** *Signature* **PRINTED NAME**
TEACHER *Signature* **PRINTED NAME**	**INTERPRETER** *Signature* **PRINTED NAME**
TEACHER *Signature* **PRINTED NAME**	**DATE**

Exit/Monitor Status Documentation
(for Students meeting qualifications to exit EL Services)

This form should be completed by the individual responsible for exiting and monitoring the individual student.

STUDENT NAME			DATE OF BIRTH	
PARENT/GUARDIAN NAME				
PHONE	(home)	(work)		(cell)

HOME/SCHOOL COMMUNICATION to parent/guardian requested in:	☐ English **OR** ☐ Native Language: _____
	☐ Oral **OR** ☐ Written

PERSON RESPONSIBLE FOR COMPLETING THIS FORM

YEAR 1	YEAR 2	YEAR 3	YEAR 4

EL EXIT INFORMATION

EXIT Eligibility Date	

To be eligible for exit from EL status, students must earn a 4 or 5 on the Reading, Writing, and Overall on the LAS Links assessment. Criteria determining exit from EL status (scores from the ELPT):   Date of test:

LISTENING	SPEAKING	READING*	WRITING*	OVERALL*

MONITORING

Start Date		Date of Parent Notification		Expected date for CONCLUSION OF MONITOR STATUS *(Mimimum of 4 years)*	

REPORT CARD AND STATE ASSESSMENT RESULTS

YEAR 1				
Grade level:		School Name:		
	Q1	Q2	Q3	Q4
ELA				
Math				
Science				
Social Studies				
Other				
Other				
State Assessment Results:				
Is student on track to graduate on time? ☐ Yes ☐ No				

YEAR 2				
Grade level:		School Name:		
	Q1	Q2	Q3	Q4
ELA				
Math				
Science				
Social Studies				
Other				
Other				
State Assessment Results:				
Is student on track to graduate on time? ☐ Yes ☐ No				

MONITORING, continued								
Start Date		**Date of Parent Notification**			**Expected date for CONCLUSION OF MONITOR STATUS** *(Mimimum of 4 years)*			

REPORT CARD AND STATE ASSESSMENT RESULTS									

YEAR 3					YEAR 4				
Grade level:	School Name:				Grade level:	School Name:			
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
ELA					ELA				
Math					Math				
Science					Science				
Social Studies					Social Studies				
Other					Other				
Other					Other				
State Assessment Results:					State Assessment Results:				
Is student on track to graduate on time? ☐ Yes ☐ No					Is student on track to graduate on time? ☐ Yes ☐ No				

If the information on this form indicates that the former EL student is struggling, indicate steps that will be taken to support the student and the results:

☐ Student was referred for intervention services (appropriate documentation must be completed)

☐ Student was referred for Counseling

☐ Student was referred for rescreening for EL services. In order for students to be re-entered in the EL program, they must retake the LAS Links placement test and meet qualifications. **(This should only be done if language is considered the primary cause for academic struggles.)**

COMMENT(S) (Indicate steps taken to support the student):