

## APPENDIX B | Language Service Plan (for Students with Limited English Proficiency)

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**

<b>STUDENT NAME</b>					
<b>PRIMARY LANGUAGE SPOKEN</b>				<b>LANGUAGE(S) SPOKEN IN HOME</b>	
<b>ADDITIONAL LANGUAGE(S)</b>		<b>DATE FIRST ENROLLED IN A U.S. SCHOOL</b>		<b>IMMIGRANT STATUS (&lt; 3 yrs)</b>	
<b>PARENT/GUARDIAN NAME</b>					
<b>PHONE</b>	(home)	(work)	(cell)		
<b>HOME/SCHOOL COMMUNICATION</b> to parent/guardian is requested in:		<input type="checkbox"/> English <b>OR</b> <input type="checkbox"/> Native Language: _____ <input type="checkbox"/> Oral <b>OR</b> <input type="checkbox"/> 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	<input type="checkbox"/> Interrupted Formal Education <input type="checkbox"/> Limited Schooling <input type="checkbox"/> No Formal schooling		
Has the student been referred for Special Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does the child have a 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### ACADEMIC ACHIEVEMENT LEVEL HISTORY

SUBJECT	BELOW GRADE LEVEL	ON OR ABOVE GRADE LEVEL	METHOD USED TO DETERMINE LEVEL	INFORMATION NOT AVAILABLE
<i>Example: Math</i>	<i>X</i>		<i>Course grade from previous year (D)</i>	
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															
<b>Composite SCORE</b>															

Copy this page and attach it if space is needed to post additional ELPT scores for Long Term English Learners.

<b>EL SERVICE</b>			
Date Identified EL Program:		Date Entered EL Program:	
<input type="checkbox"/> Student will receive Direct EL Services for _____ <b>Minutes</b> _____ <b>Days a week</b>			
<input type="checkbox"/> Student will be placed in an EL Class for one Credit ( <i>Grades 7-12 only</i> ) <b>Year:</b> _____ <b>Semester:</b> _____			
<input type="checkbox"/> 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):			
<b>LISTENING</b>	<b>SPEAKING</b>	<b>READING</b>	<b>WRITING</b>

**STANDARDIZED TESTING ACCOMMODATIONS**

Refer to the current edition of the [Mississippi Testing 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.**

<b>ACCOMMODATION(S)</b>	<b>CODE #</b>	<b>TEST(S)</b>

**APPENDIX B (continued) | Language Service Plan (for Students with Limited English Proficiency)**

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:	
<input type="checkbox"/> Paraphrasing or repeating directions in English <input type="checkbox"/> Personal cueing <input type="checkbox"/> 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 <input type="checkbox"/> Dictation of answers to test administrator/proctor (scribe) in English only <input type="checkbox"/> Reader (oral administration) <input type="checkbox"/> Native language word-to-word dictionaries/electronic word-to-word dictionaries (no definitions) <input type="checkbox"/> Present questions in same phrasing as learning/review <input type="checkbox"/> Reduced and/or modified class & homework assignments <input type="checkbox"/> Modified assessments (i.e. oral) <input type="checkbox"/> Break tasks/directions into subtasks <input type="checkbox"/> Increase wait time <input type="checkbox"/> Additional time to complete assignments and tests <input type="checkbox"/> ESS (Extended School Services) <input type="checkbox"/> Provide questions for classroom discussion in advance <input type="checkbox"/> Label items in the room <input type="checkbox"/> Previewing of academic content	<input type="checkbox"/> Provide shortened assignments <input type="checkbox"/> Face student when speaking – speak slowly <input type="checkbox"/> Print instead of using cursive; type all notes, tests, handouts <input type="checkbox"/> Use high interest/low vocabulary text material <input type="checkbox"/> Use overhead and provide students with copies of teacher transparencies/notes/lectures <input type="checkbox"/> Make instruction visual – use graphic organizers, pictures, maps, graphs, etc. to aid understanding <input type="checkbox"/> Highlight/color code tasks, directions, letters home <input type="checkbox"/> Pair ELs with an English speaking “peer partner” for assistance <input type="checkbox"/> Provide preferential seating or seating with a peer partner <input type="checkbox"/> Check for comprehension often <input type="checkbox"/> Ask questions that allow the student to answer successfully <input type="checkbox"/> Allow the student opportunities to read aloud successfully <input type="checkbox"/> Use manipulatives <input type="checkbox"/> Use audiobooks <input type="checkbox"/> Record material for student listening <input type="checkbox"/> Vocabulary matching/fill-in-the-blank exercises w/ words <input type="checkbox"/> 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.*

<i>PRINCIPAL Signature</i>	PRINTED NAME
<i>EL COORDINATOR Signature</i>	PRINTED NAME
<i>EL TEACHER Signature</i>	PRINTED NAME
<i>TEACHER Signature</i>	PRINTED NAME
<i>TEACHER Signature</i>	PRINTED NAME

<i>PARENT Signature</i>	PRINTED NAME
<i>PARENT Signature</i>	PRINTED NAME
<i>STUDENT Signature</i>	PRINTED NAME
<i>INTERPRETER Signature</i>	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.

<b>STUDENT NAME</b>		<b>DATE OF BIRTH</b>	
<b>PARENT/GUARDIAN NAME</b>			
<b>PHONE</b>	(home)	(work)	(cell)
<b>HOME/SCHOOL COMMUNICATION</b> to parent/guardian requested in:		<input type="checkbox"/> English <b>OR</b> <input type="checkbox"/> Native Language: _____ <input type="checkbox"/> Oral <b>OR</b> <input type="checkbox"/> Written	
<b>PERSON RESPONSIBLE FOR COMPLETING THIS FORM</b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>

<b>EL EXIT INFORMATION</b>				
<b>EXIT Eligibility Date</b>				
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:	
<b>LISTENING</b>	<b>SPEAKING</b>	<b>READING*</b>	<b>WRITING*</b>	<b>OVERALL*</b>

<b>MONITORING</b>										
<b>Start Date</b>		<b>Date of Parent Notification</b>		<b>Expected date for CONCLUSION OF MONITOR STATUS</b> <i>(Minimum of 4 years)</i>						
<b>REPORT CARD AND STATE ASSESSMENT RESULTS</b>										
<b>YEAR 1</b>					<b>YEAR 2</b>					
Grade level:		School Name:			Grade level:		School Name:			
	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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

MONITORING, continued									
Start Date		Date of Parent Notification			Expected date for CONCLUSION OF MONITOR STATUS <i>(Minimum of 4 years)</i>				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> 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):**

