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| **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**  |
| **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 |

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| **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 an504 Plan? | [ ]  Yes [ ]  No |

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| **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 |       |       |       |       |
|       |       |       |       |       |

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| **ENGLISH LANGUAGE PROFICIENCY TEST INFORMATION** |
| **TEST** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** |
| ELPTSpeaking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELPTListening |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELPTReading |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELPTWriting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Composite****SCORE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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| **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** |
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| **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)** |
|       |       |       |
|       |       |       |
|       |       |       |
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| **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.

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| **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:       |

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| **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** |

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| **APPENDIX B (continued)** | **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** |
|       |       |       |       |

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| **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\*** |
|       |       |       |       |       |

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| **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** |  | **YEAR 2** |
| 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 |

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

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| **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.)**

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