

School: _____

**Suwannee County School District
ESOL Documentation for ELL students**

I have received the ESOL folder for _____ from the
(name of student)

ESOL Support Teacher. **I will proceed with the following:**

1. schedule an ELL committee meeting
2. invite the parent to attend
3. write the student's ELL plan for ESOL
4. provide the ESOL plan and testing data to my school's MIS contact
5. review the ELL student's schedule for the most appropriate courses provided by teachers with the required ESOL training
6. maintain the ESOL file as part of the student's cumulative record for FTE

Signature of School Staff

DATE

Signature of ESOL Support Teacher

DATE

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Signature of ESOL Support Teacher

DATE

SUWANNEE DISTRICT SCHOOLS
English Language Learner
ELL School Committee Report

Student Name: _____ Student ID#: _____
School Name: _____ Grade: _____
School Year: _____ Date: _____

The ELL school committee has convened to:

- | | |
|----------------------------------------------|-------------------------------------------------------------------|
| _____ review ESOL entry/exit testing | _____ consider retention/placement |
| _____ determine testing accommodations | _____ review attendance record |
| _____ review student progress for monitoring | _____ refer for Intervention Assistance Team
(for former ELLs) |
| _____ Other _____ | |

ELL Committee Recommendations: (see reverse side also) _____

Based upon the above data, the ELL Committee has determined that the student listed above is:

- _____ An ELL student who continues to need ESOL strategies and a revised individual Student ELL Plan.
(Complete the Individual ELL Plan and file in cumulative folder.)
- _____ An ELL student who is progressing toward English proficiency.
(Continue current ELL Plan)
- _____ Not an ELL student; this student is English proficient based on the above data.
(File this form in student cumulative folder.)

English Language Learners are entitled to the following accommodations for statewide assessments:

- | | |
|-------------------------|---------------------------|
| _____ Flex Schedule | _____ Flex Setting |
| _____ Assisted Language | _____ Approved Dictionary |

_____ School personnel **have not** prohibited, discouraged, or attempted to discourage me from inviting a person of my choice to today's meeting.

_____ School personnel **have** prohibited, discouraged, or attempted to discourage me from inviting a person of my choice to today's meeting.

ELL SCHOOL COMMITTEE (Signatures):

_____ School ESOL Coordinator	_____ Parent
_____ Classroom Teacher	_____ Student (if applicable)
_____ Guidance Counselor	_____ Other (Title) _____

ELL Program Participation

Student Name: _____

Grade: _____

Home Language Survey Date: _____

ELL Program Participant: ___ N/A ___ (E) English Speakers of Other Languages ___ (Z) Not Applicable

Basis of Entry: ___ (Z) Not Applicable
___ (A) Aural/Oral ___ (L) ELL (LEP) Committee ___ (R) Reading & Writing ___ (T) Temporarily Placed

Student Plan Date _____

LEP Review Date _____

Instructional Strategy: ___ Regular or ESE classroom instruction with ELL strategies
___ ELL Instruction (Language Arts, Math, Science, Social Studies & Computer Literacy)
___ Not Applicable

Next Testing Date _____

ELL Fund Source: ___ (E) Title III, Part A, LEP & Immigrant Student Funds
___ (D) Does not receive Funds

Re-Evaluation Date _____ **Will Student participate in Standardized Test Assessments?** ___ Y ___ N

Extension of Instruction? ___ NA ___ (Y) Yes ___ (N) No ___ (Z) Not Applicable

Reclassification Date _____ **Reclassification Exit Date** _____

First Basis of Exit:

Second Basis of Exit

First Monitor Date

Second Monitor Date

Third Monitor Date

Fourth Monitor Date

First Monitor Status

Second Monitor Status

Third Monitor Status

Fourth Monitor Status

Classification Date: _____

ELL Exit Date: _____

ELL Entry Date: _____

Native Parent Language: _____

Primary Home Language: _____

DUESS Date: _____

English Language Learner

___ (LF) Two Year Follow-up

___ (LP) Tested or Pending (k-12)

___ (LY) LEP in LEP classes

___ (LZ) Exited after 2 year follow-up

___ (TT) To be tested

___ (ZZ) Not Applicable

For Official Use ONLY ESOL Contact (Counselor) _____ Data Entry _____ Please Initial _____

ELL Testing Information

Student Name: _____

Grade Level: _____

Test Administration: _____ Test Date: _____

School Year _____

Form: _____

LEP Info:

District Administered _____

School Administered: _____

Test Parts (Click arrow for options)

Title: L/P Level (Listening/Speaking) RS _____

Title: Language (Reading/Writing) RS _____

Test Administration: _____

Test Date: _____

School Year _____

Test Administration: _____

Test Date: _____

School Year _____

LEP Info:

District Administered _____

School Administered: _____

For Official Use ONLY

ESOL Contact (Counselor) _____
Data Entry _____
Please Initial

SUWANNEE COUNTY SCHOOLS
 English for Speakers of other Languages (ESOL)
 English Language Learner (ELL) Student Plan/ Mainstream- Inclusion Program

STUDENT NAME: _____ GRADE: _____ STUDENT ID# _____

CURRENT DATE: _____ DEUSS: _____ ESOL ENTRY DATE: _____ RE-EVALUATION DATE: _____
 (The ELL committee will not consider exiting a student from the ESOL program for **at least one (1) semester.**)

Instructional Schedule (Attach Copy of Student Schedule from MIS/Focus)

FSA Data (Reading Level)	CELLA Data	Pre/LAS or LAS/Links Data	Assigned ESOL Strategies/Program(s)/Courses	Teacher	Length of time (per day or per week)
	Listening:	Listening Level:			
	Speaking:	Speaking Level:			
	Reading:	Reading Level (3-12):			
	Writing:	Writing Level(3-12):			

This student is an English Language Learner and is entitled to all accommodations which include the use of a bilingual dictionary, assisted language, ELL Setting, and Flex Schedule.

This ELL student is also eligible for and is receiving services from the following program:

___ Remedial reading _____

(date)

___ ESE _____

(date)

Student Services

___ Remedial math _____

(date)

___ GED _____

(date)

___ Health Screening/Referral

___ Dropout Prevention _____

(date)

___ Other: _____

___ School Psychologist

___ Migrant (tutoring) _____

(date)

(date)

___ Guidance Counselor

___ Free/Reduced School Meals

___ Transportation - Bus # _____

___ Child Study Team

Information after ELL testing - Add to Data Chart:

Student Name: _____

ID Number: _____

School: _____

Grade: _____

ELL Code: _____

ESOL Entry Date: _____

DEUSS : _____

ELL Plan Date: _____

Re-eval Date: _____

Next Re-eval Due: _____

Exit Date: _____

**** New ELL: Send information to Natasha to enter in ELL Student Parameter Group for EIAF****

NOTIFICATION OF CONTINUING PLACEMENT AND SERVICES IN THE ENGLISH TO SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAM

Date: _____ School: _____ Grade: _____

Dear Parent/Legal Guardian,

Based on your responses to the Home Language Survey completed upon enrollment, your child has been assessed and identified as needing ESOL services. We are pleased to inform you that your child will continue to receive instruction in the district's ESOL program.

The goal of the ESOL program is to help your child learn English, in order to meet appropriate academic achievement standards for grade promotion and graduation. The ESOL program adjusts instruction to the child's strengths and needs.

If your child has a disability, ESOL services will be included in the guidelines and recommendations in their Individualized Education Plan (IEP).

You are encouraged to participate in developing your child's individual English Language Learner (ELL) Plan, which describes how your child will progress in English and meet academic standards. Your child will receive instruction in the following ESOL program:

Mainstream/Inclusion-Language Arts (students receive instruction with both ELLs and non-ELLs)

Mainstream/Inclusion-Basic Subject Areas (math, science, social studies, computer literacy)

Principal Date School Phone Number

**Please complete the section below and return to your child's school.
Check all that apply.**

Student's Name: _____ Phone Number: _____ Date: _____

_____ I understand my child will receive ESOL program services.

_____ I wish to discuss my child's educational needs and the ESOL program.

_____ I would like to get more information on the family involvement activities at this school.

Parent/Guardian Signature: _____

NOTIFICACIÓN DE LA COLOCACIÓN CONTINUA Y LOS SERVICIOS EN EL PROGRAMA DE INGLÉS PARA HABLANTES DE OTROS IDIOMAS (ESOL)

Fecha: _____ Escuela: _____ Grado: _____

Estimado Padre/Tutor Legal,

Basado en sus respuestas a la Encuesta del Idioma Hablado en el Hogar (Home Language Survey), su hijo/a ha sido evaluado con la necesidad de los servicios ESOL. Es un placer informarle que su hijo/a continuará recibiendo instrucción del programa de ESOL del distrito escolar.

La meta del programa de ESOL es ayudar a su hijo/a aprender inglés para así cumplir con los estándares de logro académico para la promoción al próximo grado y la graduación. Los programas de ESOL ajustan la instrucción a los puntos fuertes y necesidades de su hijo/a.

Si su hijo/a tiene una discapacidad, los servicios de ESOL estarán incluidos en las pautas y recomendaciones de su Plan Educativo Individual (IEP).

Le invitamos a participar en el desarrollo del Plan Individual para el Aprendizaje del Inglés (ELL), que describe cómo su hijo/a progresará en el inglés para cumplir con los estándares académicos. Su hijo/a recibirá instrucción en el siguiente programa de ESOL:

Instrucción Convencional/Inclusión – Artes Lingüísticas (estudiantes reciben instrucción con otros estudiantes de ELL y estudiantes que no están en ELL)

Instrucción Convencional/Inclusión-Asignaturas Básicas (matemáticas, ciencias, ciencias sociales, capacitado para operar una computadora)

_____	_____	_____
Director	Fecha	Número de Teléfono de la Escuela

Por favor complete la sección siguiente y devuelva a la escuela de su hijo/a. Marque todo lo que aplique.

Nombre del Estudiante: _____ Número de Teléfono: _____ Fecha: _____

_____ Entiendo que mi hijo/a recibirá los servicios del programa ESOL.

_____ Deseo hablar sobre las necesidades educativas de mi hijo/a y el programa ESOL.

_____ Quisiera obtener más información sobre las actividades familiares de este colegio.

Firma del Padre/Tutor Legal; _____

School: _____

Date: _____

Student: _____

Grade: _____

Teacher: _____

Dear Parents:

Your child has been tested to determine his/her proficiency in the English language. The results of the test indicate that your child:

_____ Is proficient in English and does not qualify for the ESOL/ELL program.

_____ Is an English Language Learner (ESOL/ELL) and is entitled to accommodations, for example: bilingual dictionary, extra time during testing, etc.

_____ Is proficient in English and will exit the ESOL/ELL program. His/her academic progress will continue to be monitored for a period of two(2) years. If he/she does not continue to make appropriate academic progress and data indicates the need for ESOL services, the ELL Committee (including the parent) may meet and recommend that the student be placed back in the ESOL program.

If your child is an English Language Learner, this will not change his/her grade level placement, but will allow him/her to be placed in the ESOL/ELL program for extra help with the English language.

**We invite you to attend a meeting of the ESOL/ELL Committee on _____
_____ to discuss the results of the evaluation.**

Please call the school at _____ if you have any questions.

Sincerely,

Principal

REFUSAL of TITLE III SERVICES: No Child Left Behind (NCLB) Title III allows districts to use federal funding to support their ESOL programs and provide supplemental services to ELLs. Parents may elect to refuse these supplemental Title III services. However, your child will still receive required ESOL services and be annually assessed for English proficiency. Please indicate by signing and returning the form below if you do not want your child to participate in Title III supplemental services.

If refusing supplemental Title III Services, please complete the section below and return to your child's school.

Student Name: _____ Parent Name: _____

I do not want my child to receive NCLB Title III supplemental services.

Parent/Guardian Signature: _____ Date: _____

Escuela: _____

Fecha: _____

Estudiante: _____

Grado: _____

Maestro: _____

Estimados Padres:

Su hijo/a ha sido examinado para determinar el dominio del idioma inglés. Los resultados del examen indican que su hijo/a:

_____ Domina el inglés y no califica para el Programa de ESOL/ELL.

_____ Es del dominio limitado de inglés (ESOL/ELL) y tiene derecho a unas acomodaciones, por ejemplo: diccionario bilingüe, tiempo adicional durante las pruebas, etc.

_____ Domina el inglés y saldrá del Programa de ESOL/ELL. Su progreso académico continuará ser monitoreado por un período de dos (2) años. Si él/ella no continua hacer progreso académico adecuado y los datos indican la necesidad de servicios de ESOL, el Comité de ELL (incluyendo los padres) se puede reunir y recomendar que el estudiante sea colocado de nuevo en el programa de ESOL.

Si su hijo/a es del dominio limitado de inglés, esto no cambiará su nivel del grado, pero le admite ser colocado en el programa de ESOL/ELL para más ayuda con el idioma inglés.

Les invitamos a ustedes a una reunión del Comité de ESOL/ELL el _____ para hablar sobre los resultados del examen.

Por favor llamen la escuela a _____ si ustedes tienen algunas preguntas.

Atentamente,

Director

RECHAZO de los SERVICIOS DE TÍTULO III: Que Ningún Niño Se Quede Atrás (NCLB) Título III permite que los distritos usen fondos federales para apoyar sus programas de ESOL y proveer los servicios suplementarios para los estudiantes ELL. Los padres pueden optar por rechazar estos servicios suplementarios de Título III. Sin embargo, su hijo seguirá recibiendo los servicios necesarios de ESOL y ser evaluado anualmente para el dominio del inglés. Por favor, indique al firmar y devolver el formulario si no desea que su hijo participe en los servicios suplementarios de Título III.

Si se niega los Servicios Suplementarios de Título III, por favor complete la sección de abajo y devuelva a la escuela de su hijo.

Nombre del Estudiante: _____ Nombre del Padre: _____

Yo no quiero que mi hijo reciba los servicios suplementarios de Título III de NCLB.

Firma del Padre/Tutor Legal: _____ Fecha: _____