

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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SUWANNEE DISTRICT SCHOOLS
ELL STUDENT RE-EVALUATION
ELL School Committee Report

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

The ELL school committee has convened to re-evaluate this student based upon:

- | | |
|-------------------------------|--|
| _____ scheduled re-evaluation | _____ poor performance (tests & classwork) |
| _____ parent request | _____ poor attendance |
| _____ teacher request | _____ other: _____ |
| _____ failing grades | |

Record evidence of student performance below (see reverse side also):
 (May attach any supportive documentation/standardized tests/report card grades)

_____	_____ (date)
_____	_____ (date)
_____	_____ (date)
_____	_____ (date)

Based upon the above data, the ELL committee has determined that _____
 _____ (student) is:

_____ an ELL student who continues to need ESOL strategies and a revised Individual Student ELL plan for the upcoming year: _____.

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

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

_____ not an ELL student; this student is English proficient.
 (File this form in student cumulative folder.)

_____ 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 & School Year

 Student (if applicable)

 Guidance Counselor

 Other (Title) _____

ELL Program Participation-MIS Form

Student Name: _____

Grade: _____

Home Language Survey 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

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 _____

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:

- ___ (A) Aural/Oral
- ___ (B) CELLA Composite for CELLA reading Score
- ___ (C) At or above proficient level on State approved assessment
- ___ (D) At or above 33% of National reading or writing or language test
- ___ (E) FCAT level 3 or greater on FCAT Reading
- ___ (F) FCAT level 3 or above on FCAT Writing+
- ___ (G) District proposed alternative exit standard
- ___ (L) English Language Learners (ELL) Committee
- ___ (R) Reading & Writing
- ___ (Z) Not Applicable

Second Basis of Exit

- ___ (B) CELLA Composite or CELLA Rd Score
- ___ (E) FCAT Level 3 or greater
- ___ (F) FCAT Level 3 or greater on writing+
- ___ (G) District proposed alternative exit std
- ___ (L) English Language Learner Committee
- ___ (R) Reading & Writing (exited ELL students)
- ___ (Z) Not Applicable

First Monitor Date _____

Second Monitor Date _____

Third Monitor Date _____

Fourth Monitor Date _____

Classification Date: _____

ELL Exit Date: _____

ELL Entry Date: _____

Native Parent Language: _____

Primary Home Language: _____

Student Language: _____

Date Entered US School (DUESS): _____

English Language Lerner: Tier Placement: _____

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 School District
Notification of Continuing Placement in the English for Speakers of Other Languages
(ESOL) Program

Continuing Placement of ESOL **Date:** _____

Student Name: _____
Student ID: _____
School: _____ Grade: _____

Federal and state law require that students in an ESOL program are assessed annually to show linguistic growth, as well as academic achievement. These assessment results impact program placement decisions. Therefore, your child will continue to receive ESOL services based on the following assessment data:

ACCESS for ELL proficiency level:

FSA English Language Arts (ELA) assessment results:

ELL Committee/Assessment Criteria

REFUSAL of TITLE III SERVICES

ESSA Title III guidelines allow 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 language and academic support and be annually assessed for English proficiency. If you need additional information regarding the ESOL or Title III program, please contact Carolina Figueroa-Crooke at 386-647-4648.

If you do not want your child to receive supplemental services through Title III, please indicate by signing and returning the form below.

Student Name: _____
Parent Name: _____

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

Parent/Guardian Signature: _____ **Date:** _____

Distrito Escolar del Condado de
Notificación de la Continuación en el Programa de Inglés para Hablantes de Otros Idiomas
(ESOL)

Continuación en ESOL Fecha: _____

Nombre del Estudiante: _____

ID del Estudiante: _____

Escuela: _____ Grado: _____

Leyes federales y estatales requieren que los estudiantes en un programa ESOL sean evaluados anualmente para mostrar crecimiento lingüístico, así como de rendimiento académico. Estos resultados de la evaluación impactan las decisiones de colocación de programa. Por lo tanto, su niño(a) continuará recibiendo servicios ESOL basadas en los datos de evaluación siguientes:

Nivel de Competencia de ACCESS for ELLs:

Resultados de la evaluación de Lenguaje de Inglés (ELA) FSA:

Comité ELL /Criterio de Evaluación:

DENEGACIÓN DE SERVICIOS DE TÍTULO III

Directrices de ESSA Título III le permiten a los distritos utilizar fondos federales para apoyar sus programas ESOL y proporcionar servicios suplementarios a los ELLs. Los padres pueden optar por rechazar estos servicios suplementarios de Título III. Sin embargo, su hijo(a) seguirá recibiendo apoyo académico y de idioma y evaluarse anualmente para el dominio del idioma inglés. Si necesita información adicional sobre el programa ESOL o título III, por favor póngase en contacto con Carolina Figueroa-Crooke al 386-647-4648.

Si NO desea que su hijo reciba servicios suplementarios por el Título III, por favor, indique al firmar y devolver el formulario a continuación.

Nombre del Estudiante: _____

Nombre del Padre/Madre/Guardián: _____

No quiero que mi hijo(a) recibir servicios suplementarios ESSA Título III.

Firma del Padre/Guardián: _____ **Fecha:** _____

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

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

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)	ACCESS for ELLs 2.0 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)

___ Remedial math _____

(date)

___ Dropout Prevention _____

(date)

___ Migrant (tutoring) _____

(date)

___ ESE _____

(date)

___ GED _____

(date)

___ Other: _____

(date)

Student Services

___ Health Screening/Referral

___ School Psychologist

___ 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****