

# District English Language Learners (ELL) Plan

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LEA: \_\_\_\_\_Madison County School District\_\_\_\_\_

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Original signatures on Signature Pages are to be submitted to:

Bureau of Student Achievement through Language Acquisition  
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 Tallahassee, Florida 32399-0400

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<b>(1) NAME OF THE DISTRICT:</b>	<b>(2) CONTACT NAME/TITLE:</b>	<b>(3) CONTACT PHONE NO (EXT.): EMAIL ADDRESS:</b>
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**(6) CERTIFICATION BY SCHOOL DISTRICT**

The filing of this application has been authorized by the School Board and the undersigned representative has been duly authorized to submit this plan and act as the authorized representative of the district in connection with this plan.

I, Dr. Karen Pickles, do hereby certify that all facts, figures, and representations made in this plan are true and correct. Furthermore, all applicable statutes, rules, regulations, and procedures for program and fiscal control and for records maintenance will be implemented to ensure proper accountability.

  
 Signature of Superintendent or Authorized Agency Head

3/29/19  
 Date Signed

March 18, 2019  
 Date of Governing Board Approval

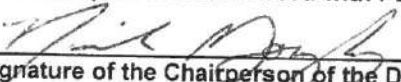
**(7) Chairperson representing the District ELL Parent Leadership Council (PLC)**

Name of Chairperson representing the District ELL PLC: Nicolas Gonzalez

Contact Information for District PLC Chairperson:  
 Mailing address: 210 NE Duval Avenue, Madison, Florida 32340

E-mail Address: Nicolas.gonzalez@mcsbfl.us Phone Number: 850-973-5013

Date final plan was discussed with PLC:

  
 Signature of the Chairperson of the District PLC

2/21/19  
 Date Signed by PLC Chairperson

**DISTRICT ENGLISH LANGUAGE LEARNERS PLAN  
ASSURANCES AND CERTIFICATION**

School districts are required to abide by a set of assurances when developing and implementing programs and services to students classified as English Language Learners (ELLs), and are required to ensure school- and district-level personnel comply with all the requirements and provisions set forth in the laws, rules, regulations, and federal court orders listed below:

- The requirements set forth in Section 1003.56, Florida Statutes;
- The requirements set forth in Rules 6A-6.0902;6A-6.09022; 6A-6.09091; 6A-6.0903; 6A-6.0907; 6A-1.0503, Florida Administrative Code (F.A.C.), and other applicable State Board of Education Rules;
- The requirements of the Elementary and Secondary Education Act of 1965, as amended by the Every Student Succeeds Act of 2015;
- The requirements of the Consent Decree in the League of United Latin American Citizens et al. v. the State Board of Education, 1990;
- The requirements of the Florida Educational Equity Act, 1984;
- The requirements based on the Fifth Circuit Court decision in Castañeda v. Pickard, 1981;
- The requirements based on the Supreme Court decision in Plyler v. DOE, 1982;
- The requirements based on the Supreme Court decision in Lau v. Nichols, 1974;
- The requirements of the Equal Educational Opportunities Act of 1974;
- The Requirements of Section 504 Rehabilitation Act of 1973;
- The requirements of the Office for Civil Rights Memorandum of May 25, 1970;
- The requirements of the Title VI and VII Civil Rights Act of 1964; and
- The requirements of the Office for Civil Rights Standards for the Title VI Compliance.

By signature below, I, Dr. Karen Pickles, do hereby certify that procedures, processes and services that are described herein shall be implemented in a manner consistent with the requirements and provisions of the requirements set forth above.

  
\_\_\_\_\_  
**Superintendent's Signature**

3/29/19  
\_\_\_\_\_  
**Date Signed**

## **Section 1: Identification (Rule 6A-6.0902, F.A.C.)**

### **Enrollment Procedures and Administration of the Home Language Survey (HLS).**

Describe the Local Education Agency (LEA) registration procedures to register English Language Learners (ELLs). Responses should include the following:

How do LEA procedures compare to those followed for non-ELLs?

**Each school administers the Home Language Survey in the registration packet at the beginning of the school year. The registration packet and registration procedures are the same for every student.**

Into what languages are the HLS translated?

**The Home Language Survey is translated into Spanish.**

How does the LEA assist parents and students who do not speak English in the registration process?

**Translators are provided at every school to assist parents when needed.**

How do you identify immigrant students?

**Immigrant students are identified using the school registration form.**

How is Date Entered US School (DEUSS) obtained in the registration process?

**The Date Entered US School is also obtained on the registration form.**

Please include a link to your HLS.

**See attached Registration Form in Appendix A**

## **Section 2: English Language Proficiency Assessment (Rule 6A-6.0902, F.A.C.)**

### **1. English Language Proficiency (ELP) Assessment**

What is the title of the person(s) responsible for administering the ELP assessment of potential ELLs in the LEA? (Check all that apply.)

- Registrar
- ESOL Coordinator/Administrator
- Other (Specify) **Guidance Counselor**

## **2. Listening and Speaking Proficiency Assessment**

List the Listening and Speaking (Aural/Oral) assessment(s) used in the LEA and procedures followed to determine if a K-12 student is an ELL.

### **IDEA Proficiency Test (IPT)**

**Each school is required to have an ELL Committee to assist in making important decisions related to the needs of each individual ELL student at the school. The ESOL Coordinator at the school must organize and convene the committee immediately if a student scores at or below the 32<sup>nd</sup> percentile on only one of the two assessments – IPT Reading and IPT Writing.**

Describe the procedures to ensure that the Listening and Speaking assessment(s) are administered within 20 school days of the student's initial enrollment.

**The school registrar will send a copy of the Home Language Survey to the School Guidance Counselor/ESOL Coordinator within two days of student entry. If there is one yes response, the Guidance Counselor/ESOL Coordinator will test the student at the school site. Should testing not take place within twenty school days of initial enrollment, then the student's parents/guardians will be notified via certified mail in their home language about the delay and when to expect the completion of testing. A copy of the notice will be maintained in the student's ELL folder.**

## **Reading and Writing Proficiency Assessment**

List the Reading and Writing assessment(s) used in the LEA and procedures followed to determine if a student is an ELL in grades 3-12.

### **IDEA Proficiency Test (IPT)**

**Each school is required to have an ELL Committee to assist in making important decisions related to the needs of each individual ELL student at the school. The ESOL Coordinator at the school must organize and convene the committee immediately if a student scores at or below the 32<sup>nd</sup> percentile on only one of the two assessments – IPT Reading and IPT Writing.**

### **3. ELL Committee**

Describe the procedures used when the ELL Committee makes an entry (placement) decision. What type of documentation is used to support these decisions?

**A student may be classified as an ELL student and services may be provided in accordance with the District ELL Plan, or the ELL Committee may confirm his/her ELL status. In addition to the language proficiency assessment results, the ELL Committee may determine a student to be ELL according to consideration of at least two of the five criteria listed in the Consent Decree, as specified in Rule 6A-6.0902, FAC and other placement assessment(s). The ELL decision will be based on analysis of the student's standardized test scores, and/or alternative assessments and may determine that students would be better served by another instructional program or combination of programs that address special needs of the students. Documentation supporting the Consent criteria used by the ELL Committee for the decision made will be attached to the ELL Committee meeting minutes. The ELL Committee Meeting documentation will include meeting minutes, topics discussed, recommendations of the committee, and a description of the basis for the decision. This documentation will be maintained in the student's ELL folder.**

## **Section 3: Programmatic Assessment (Rule 6A-6.0902, F.A.C.)**

### **Academic/Programmatic Assessment**

Describe the procedures that have been implemented for determining prior academic experience of ELLs. Also, address the placement of ELLs with limited or no prior school experience(s) or whose prior school records are incomplete or unobtainable. Specify actions taken to obtain prior school records. Include the procedures to determine appropriate grade level placement for ELLs.

**It is the District's procedures that as soon as a student is identified as an ELL student, the ELL Committee at the school site is convened. All available academic experience is reviewed and discussed. Available academic experience may include standardized testing results, report cards, and/or copies of the student's cumulative record, if available. The ELL committee will then decide if a temporary placement of the student is appropriate or if another placement is in the best interest of the student. Parents/guardians of the ELL student are always invited to the ELL committee meetings and are involved in the decision making. Translation services are provided if needed.**

**Students, regardless of background should receive comprehensible instructional delivery. The ELL committee reviews what data and prior school records that are available and makes decisions based on this and the age of the student. The School Guidance Counselors attempt to contact any previous schools and obtain records from these school sites. If all attempts to locate complete records fail, the ELL committee will conscientiously review the available records and data and work closely with the parents/guardians to ensure comprehensible instruction with appropriate placement.**

### **Grade Level and Course Placement Procedures – Grades 9-12**

Describe the procedures that have been implemented to determine appropriate grade and course placement. Descriptions must include the process used for awarding credit to ELLs entering high school in 9<sup>th</sup>-12<sup>th</sup> grades that have completed credits in countries outside of the United States, specifically addressing those students for which there is no documentation.

**The ELL committee, which includes the assigned classroom teacher and the parents/guardians, determine placement based on age-appropriateness, documented prior educational services, diagnostic and placement assessment information and interviews with the parents/guardians and the student as appropriate.**

**For students in grades 9-12 that have completed credits in other countries, the ELL committee convenes and reviews educational records. The committee completes the graduation check documentation by reviewing all prior courses the student has completed in his or her country. The student is awarded credit for**

**any classes completed in their home country. Students may also use virtual courses for credit recovery if needed.**

Explain the process for awarding credit to students transferring from other countries for language arts classes taken in the student's native language and for foreign languages the student may have taken (this may include English).

**The ELL committee completes a transcript review and graduation check documentation and awards the student credit for any courses they have completed in their home country. The student is also given credit for any foreign language class that they have completed which may include English.**

What is the title of person(s) responsible for evaluating foreign transcripts? How are they trained? How is documentation maintained?

**School Guidance Counselors/ESOL Coordinators are responsible for evaluating foreign transcripts. Training is provided, as needed, through ESOL Coordinators' meetings and district interpreters are used to translate documents as needed. The documentation is maintained in the student's ELL folder and cumulative folder.**

#### **Re-evaluation of ELLs that Previously Withdrew from the LEA**

Describe the procedures used for re-evaluating ELLs who withdraw from the LEA and re-enroll. Specify the length of time between the ELLs' withdrawal and re-enrollment after which a new English language proficiency assessment is to be administered. Include data reporting procedures.

**When a student returns to the school district, within the same school year, if they have been given a Language Assessment in another Florida school district, the district will accept and use the results for placement.**

**When a student returns to the school district, within the same school year from another state, then the ESOL documentation from the sending school will be re-evaluated by the ELL committee to determine placement or if further assessment is needed.**

**When a student returns to the school district, within the same school year from another country, then they will be re-assessed using the IDEA Placement Test (IPT).**



## **ELL Student Plan Development**

Describe the procedures for developing the Student ELL Plan. Include the title(s) of the person(s) responsible for developing the plan, and updating the ELL data reporting elements. Also, include a description of when and how the plan is updated to reflect the student's current services.

**The ELL Student Plan is developed by the ELL Committee. The ELL Committee is composed of the following members: Parents/Guardians, School Guidance Counselor/ESOL Coordinator, School Administrator or designee, English/Language Arts teacher, other Subject Area teachers (as needed), ESE staff (if needed), native language translator (if needed). The initial ELL Student Plan is developed within twenty days of initial placement of an ELL student. The ELL Student Plan is updated annually within the first six weeks of school to address student's current services or as needed or requested by the student's parents/guardians or teachers.**

Describe the elements of the plan (e.g., home-school communication, student schedules and classes, progress monitoring, interventions, assessments and other evaluations). What is the teacher's role in development of the plan?

**The ELL Student Plan is a written document which contains the following elements: the student's demographic information (name, date of birth, home language, parent/guardian information, address), ESOL Instructional Model, Number of Instructional Minutes, Participation in Other Programs, Assessment Data- Basis of Entry, Assessment Data – Review of Progress, Program Status, and Change in Program Status. A Parent Notification of Meeting and Invitation to Attend is sent to the parents/guardians. Parents/guardians are also provided Eligibility for Program Services Parent Notification and Parent Notification of Testing Accommodations at the ELL Student Plan meeting. As an active member of the ELL Committee, the teacher(s) will assist in developing accommodations and discussing strategies to assist the ELL student in being successful. The teacher(s) are also responsible for ensuring that all documented accommodations and strategies are being implemented in the classroom.**

Please include a link to the ELL Student Plan.

**See attached ELL Student Plan in Appendix B**

## Section 4: Comprehensive Program Requirements and Student Instruction

### Instructional Models

In addition to using required English for Speakers of Other Languages (ESOL) strategies by teachers who teach ELLs, what instructional model(s) or approach(es) are used to ensure comprehensible instruction? Descriptions of each model can be found in the current Florida Department of Education (FDOE) database manuals on the FDOE website. *(Check all that apply)*

- Sheltered English Language Arts
- Sheltered Core/Basic Subject Areas
- Mainstream-Inclusion English Language Arts
- Mainstream-Inclusion Core/Basic Subject Areas
- Maintenance and Developmental Bilingual Education
- Dual Language (two-way) Developmental Bilingual Education

Describe how the instructional models are used in the LEA. Address how the LEA will monitor schools to ensure that instructional models are implemented with fidelity.

**All schools in the District use mainstream inclusion in Language Arts and Core/Basic Subject Areas Instructional Models. Each ELL student is scheduled/placed into an English/Language Arts classroom taught by an ELL endorsed teacher or a teacher in the process of becoming endorsed and to basic subject area classes taught by teachers who use ELL strategies to deliver comprehensible instruction. Instructional models are monitored by District on-site visits, classroom walk-throughs, and schedule data is reviewed at ESOL Coordinators meetings.**

Describe the process to verify that instruction provided to ELLs is equal in amount, sequence, quality, and scope to that provided to non-ELLs.

**ELL students receive instruction for a period of time that equals or exceeds the amount of time that non-ELL students receive instruction in regular English/Language Arts. Instruction is monitored by District on-site visits, classroom walk-throughs, and schedule data is reviewed at District ESOL Coordinators meetings.**

How does the LEA determine if the instructional models are positively affecting student performance?

**Student performance is monitored through team data meetings and the MTSS/RTI process.**

How are ELLs assured equal access to all programs, services and facilities that are available to non-ELLs?

**The School Board of Madison County has established and implemented policies, procedures, and programs that provide English Language Learners equal access to all programs and facilities offered by the school and district based on need and eligibility, exclusive of language proficiency and national origin.**

**Every ELL student is entitled to equal access to all academic, categorical, and federal programs offered by the school district. The amount of time the ELL student is assigned to the program(s) is comparable to the time assigned to a non-ELL student under similar conditions. The school district goes to great measures to ensure that administrators, teachers, school personnel, students, parents and the community are aware that ELL students have equal access to all district programs, resources, materials, and non-academic/extracurricular activities. Administrators, teachers, and school employees are briefed at meetings and in-services about policy (federal, state, and district) pertaining to ELL equal access to the full range of programs, including Gifted education, Dual enrollment courses, CTE programs, regardless of English Language Proficiency.**

**Parents are given bilingual presentations covering information of available district programs and resources during meetings (ELL Committee meetings, parent conferences, School Advisory Council/PTO meetings, etc...) and at community activities such as, Open Houses at the schools. On these occasions, program/resource brochures, booklets and flyers are available to parents in English and Spanish.**

Describe the method(s) used in the LEA to document the use of ESOL instructional strategies and how this is monitored.

**ESOL instructional strategies are documented in the Student ELL Plan, and also documented and monitored through lesson plan reviews, data reviews, and MTSS/RTI documentation. District ESOL Coordinator meetings are held to monitor progress of ELL students and implementation of instructional strategies.**

How does the LEA and school(s) verify the delivery of comprehensible instruction to ELLs?

What safeguards are in place to ensure that all ELLs are being provided equal access to programs and receiving comprehensible instruction? Include the school and LEA personnel responsible for ensuring comprehensible instruction.

**District and school level administrators verify instruction to ELL students, as well as all students, through lesson plan reviews, regular classroom walk-throughs, formal observations, District monthly on-site meetings, and District ESOL Coordinator meetings where data is reviewed, discussed, and plans and strategies are adjusted accordingly.**

What progress monitoring tools are being used to ensure all ELLs are mastering grade level academic content standards, and benchmarks and the English Language Development (ELD) standards? *(Check all that apply)*

- Student Portfolios
- Other Criterion Referenced Test (Specify) \_\_\_\_ FSA, WIDA \_\_\_\_\_
- Native Language Assessment (Specify) \_\_\_\_\_
- LEA/school-wide assessments (Specify) \_\_\_\_ iReady, Study Island \_\_\_\_\_
- Other (Specify) \_\_\_\_ Curriculum Based Assessments \_\_\_\_\_

### **Student Progression**

Have the LEA's standards and procedures for promotion, placement, and retention of ELLs been incorporated into the LEA's Student Progression Plan (SPP)? If no, where can this information be found?

Yes Please provide a link to the LEA's SPP with specifics to ELLs highlighted.

No (Specify) \_\_\_\_\_

**The Student Progression Plan for the Madison County School District can be found at: <http://www.madison.k12.fl.us/2018/8/proposed-student-progression-plan>**

**Procedures for promotion, placement and retention of ELL students can be located on pages 4, 15, 18 and 29 of the Elementary Student Progression Plan.**

**Procedures for promotion, placement and retention of ELL students can be located on pages 30-31 of the Middle School Student Progression Plan.**

**Procedures for promotion, placement and retention of ELL students can be located on pages 55-56 of the High School Student Progression Plan.**

Describe how the Good Cause Policy is implemented in your LEA when ELLs who have been enrolled for less than two years (based on DEUSS) are exempted from mandatory third grade retention. Include how parents or guardians are notified of LEA good cause decisions.

**Limited English proficient students who have had less than two (2) years of instruction in an English for Speakers of Other Languages program are by statute exempted from mandatory third grade retention.**

**(c) Requests for good cause exemptions for students from the mandatory retention requirement as described in subparagraphs (b)3. and 4. shall be made consistent with the following:**

**1. Documentation shall be submitted from the student's teacher to the school principal that indicates that the promotion of the student is appropriate and is**

based upon the student's academic record. In order to minimize paperwork requirements, such documentation shall consist only of the existing progress monitoring plan, individual educational plan, if applicable, report card, or student portfolio.

2. The school principal shall review and discuss such recommendation with the teacher and make the determination as to whether the student should be promoted or retained. If the school principal determines that the student should be promoted, the school principal shall make such recommendation in writing to the district school superintendent. The district school superintendent shall accept or reject the school principal's recommendation in writing.

These students are also required to attend the Third Grade Summer Reading Program.

The District sends letters to all parents notifying them of their student's progression status and exemption requirements. Parent conferences are also held to discuss progression.

Describe what role the ELL Committee has in the decision to recommend the retention or promotion of any ELL and what documentation is used to support these decisions. **The ELL Plan Committee must make all retention or promotion recommendations and decisions. These recommendations and decisions are based on student achievement data (FSA, EOC, FCAT), progress monitoring and diagnostic data (iReady, Study Island), and classroom performance data.**

## **Section 5: Statewide Assessment (Rule 6A-6.09091, F.A.C.)**

### **Statewide Assessment**

Describe the process to ensure that all ELLs participate in Florida statewide assessment programs. Include how responsible staff is trained to administer assessments and maintain documentation of the following:

Statewide content area assessments:

ACCESS for ELLs assessment programs:

**The ESOL Coordinator and Assessment Coordinator at each school are responsible for ensuring that all ELL students participate in the Florida Statewide Assessment programs (FSA, EOC, FCAT, WIDA etc.) at the school level. The aforementioned school personnel work as a team to ensure the provision of ELL test accommodations, when appropriate. The District Assessment Coordinator advises and assists schools in the process. ELL accommodations, on allowable tests such as FSA, are documented on each ELL student's test booklet in the area indicated by the test publisher. The Assessment Coordinator documents the accommodations given to each ELL student, and sends a copy to the Office of Assessment where the information is filed.**

**The District Assessment Coordinator provides Assessment Administration training at every school site.**

What is/are the title(s) of the school-level person responsible for ensuring and documenting that ELLs are provided appropriate testing accommodations (per test administration requirements)?

**School ESOL Coordinators/Guidance Counselors/Assessment Coordinators (This is usually the same person at all schools).**

Describe how parents of ELLs are notified of assessments and testing accommodations. How does the LEA ensure that parents understand Florida's statewide assessments policies, mandates and student outcomes? Please provide links to communications in parents' languages.

**Parents are notified at the ELL Plan meeting and also notified in writing with the Parent Notification of Testing Accommodation form letter.**

**This letter informs parents of district-wide tests that ELL students are required to take and the allowable testing accommodations. Parents are required to sign and return this form letter to the school ESOL coordinator.**

## **Section 6: English Language Proficiency Annual Assessment (Rule 6A-6.0903, F.A.C.)**

Describe the procedures to determine if ELLs are ready to exit the LEA's ESOL program. Include exiting procedures for all language domains (listening, speaking, reading and writing), grade-specific academic criteria and data reporting of status change.

**At the end of the student's first three years of program participation, the ESOL Coordinator must review each ELL student's progress toward English proficiency and re-evaluate their program status. For students who entered a Florida school in the 2012-2013 school year, and for those who enter any year thereafter, this three-year "base period" is calculated using the student's Date Entered US School (DEUSS).**

The school must then re-evaluate to determine eligibility for exit. A student may be exited from the ESOL Program only when he/she is determined to be fully proficient in English. Proficiency is determined by scores on specified tests or by recommendation of the student's ELL Committee.

The ELL Committee is required to conduct a review of the most recent scores on two specified tests to determine proficiency in English: The WIDA and FSA Reading.

- Review WIDA Scores

-For ELL students in grades 2 through 12: The student must score "proficient" in all areas: listening/speaking, reading, and writing.

- Review FSA Reading Scores

-For an ELL student in grades 3 through 9: The student must receive a score Level 3 or higher.

-For an ELL student in grades 10 through 12: The student must receive a score on the 10<sup>th</sup>-grade FSA ELA sufficient to meet applicable graduation requirements- or an equivalent concordant score.

**Note:** For an ELL student in grade 2, only WIDA scores are needed to determine eligibility for exit unless the student has not completed three years in the program. In that case, eligibility for exit must be determined by the student's ELL Committee.

The state allows the student's ELL Committee to be convened at any time to determine eligibility for exit. However, the procedures listed below must be followed and documented.

1. Review the student's scores on at least one FDOE-approved assessment (covering listening, speaking, reading, and writing) administered no earlier than 30 days prior to the Committee meeting.
2. Review the student's academic record holistically:
  - Scores on the test discussed in number 1 above and scores on other tests.
  - Prior educational and social experience (student interview).
  - Mastery of basic competencies or skills in English.
  - Grades from current/previous years.
3. Consider parental input in the final decision.

4. Determine if the student has reached English proficiency in listening, speaking, reading and writing.
5. Document on the ELL Committee Meeting Notes form all data reviewed by the Committee. The form, along with supporting materials, must be maintained in the student's ESOL documentation folder.

What is the title of person(s) responsible for conducting the exit assessments described above? (Check all that apply.)

- School/LEA based testing administrator
- ESOL Teacher/Coordinator
- Other (Specify) \_\_\_\_\_ School Guidance Counselor \_\_\_\_\_

When is an ELL Committee involved in making exit decisions? What criteria are used by the Committee to determine language and academic proficiency?

**The ELL Committee is convened and involved in making the exit decisions for ELL students after the first three years of program participation. Language and academic proficiency is determined by using WIDA scores and FSA scores. The student's grades and classroom performance is also used to monitor progress.**

Describe the procedures if an ELL meets exit qualifications in the middle of a grading period.

**A student may exit the ELL program in the middle of a grading period if the majority of the ELL Committee determines, after a review of available current student data, that the student is English language proficient according to consideration of at least two of the five criteria listed in the Consent Decree and the approved placement assessment, when FSA, EOC, and WIDA scores are not available.**



## Section 7: Monitoring Procedures (Rule 6A-6.0903, F.A.C.)

During the required two-year monitoring period, what is the title of person(s) responsible for:

Conducting the follow-up performance of former ELLs?

**School ESOL Coordinators/Guidance Counselors and ELL Plan Committee**

Updating the student ELL plan?

**School ESOL Coordinators/Guidance Counselors and ELL Plan Committee**

Reclassification of ELL status in data reporting systems?

**School ESOL Coordinators/Principals**

**District ESOL Contact and District MIS Director**

What documentation is used to monitor the student's progress? (Check all that apply)

Report Cards

Test Scores

Classroom Performance

Teacher Input

Other (Specify) **Parent input, Progress Monitoring and Diagnostic Data (iReady, Study Island), MTSS/RTI Data**

What are the procedure(s), including possible reclassification, that are implemented when the academic performance of former ELLs is not on grade level?

**Regularly scheduled data chats/reviews are held at each school to review student data. Former ELL students whose performance is not classified on grade level will be referred to the School ESOL Coordinator to convene the ELL Committee. A new ELL Plan will be developed that includes comprehensible instructional strategies and accommodations to meet the student's academic needs and appropriate classroom placement will be made. Criteria for satisfactory academic performance include standardized test scores in reading and writing above the 32<sup>nd</sup> percentile and passing grades in core academic subjects.**

### Compliance of ELL Plan and Student Performance

Describe LEA internal procedures for monitoring the ESOL program for compliance and student academic performance.

**The District conducts ESOL Coordinators meetings to review program compliance and current ESOL information to assist in implementation of the ESOL program at school sites. The District team meets monthly at school sites to review curriculum and progress monitoring data of all students, including subgroups, such as ELL students. District staff attend school data meetings to**

**assist teachers and school staff in the problem solving process. District staff also reviews and signs off on ELL plans each semester.**

How do school sites, parents and stakeholders have access to the approved District ELL Plan?

**The approved District ELL Plan is posted on the District Website and the information is provided to parents at the District ELL Parent Leadership Council Meetings. Each school also has a hard copy of the approved District ELL Plan.**

How does the LEA ensure that schools are implementing the District ELL Plan?

**The District conducts ESOL Coordinators meetings to review program compliance and current ESOL information to assist in implementation of the ESOL program at school sites. The District Academic Services team meets monthly at school sites to review curriculum and progress monitoring data of all students, including subgroups, such as ELL students. District staff attend school data meetings to assist teachers and school staff in the problem solving process. District staff also reviews and signs off on ELL plans each semester.**

## **Section 8: Parent, Guardian, Student Notification and Rights**

Describe the procedures used and provide a link to the notice to parents of an ELL identified for participation in a language instruction educational program. Per the Every Student Succeeds Act and per state board rule, this notice must delineate:

1. the reasons for the identification of their child as an ELL and the need for the child's placement in a language instruction educational program;
2. the child's level of English proficiency, how such level was assessed, and the status of the child's academic achievement;
3. the methods of instruction used in the program in which their child is, or will be, participating and the methods of instruction used in other available programs, including how such programs differ in content, instructional goals, and the use of English and a native language in instruction;
4. how the program in which their child is, or will be, participating will meet the educational strengths and needs of their child;
5. how such program will specifically help their child learn English and meet age-appropriate academic achievement standards for grade promotion and graduation;
6. the specific exit requirements for the program, including the expected rate of transition from such program into classrooms that are not tailored for ELLs, and the expected rate of graduation from high school (for students in high schools);
7. in the case of a student with a disability, how such program meets the objectives of the individualized education program of the student; and
8. information pertaining to parental rights that includes written guidance—
  - a. detailing the right that parents have to have their child immediately removed from such program upon their request;

- b. detailing the options that parents have to decline to enroll their child in such program or to choose another program or method of instruction, if available; and
- c. assisting parents in selecting among various programs and methods of instruction, if more than one program or method is offered.

**The school ESOL Coordinator/Guidance Counselor will provide notice to the parents of an ELL student within thirty (30) days after the beginning of the school year or within two (2) weeks if a student is identified during the school year that their student is being placed in a language instruction educational program.**

**See attached Notification Form in Appendix B**

Describe the procedures used by school personnel to provide assistance to parents or guardians of ELLs in their home language.

**Provisions are always made to communicate in the home language with parents unless it is not clearly feasible. The District provides personnel who can communicate with parents in the language commonly used by the parent, unless it is clearly not feasible. Spanish is the primary home language of the majority of the District's ELL students. In response, each elementary, middle, and high school, as well as, the District Administrative offices has access to Spanish speaking personnel. These staff members are available to provide understandable verbal and/or written communication to parents. In addition, there are Spanish speaking teachers and school volunteers who translate for parents in the schools. In addition, forms and informational documents (Registration Forms, Free/Reduced Lunch Forms, Elementary Tips for Parents, Parental Rights, etc...) have been translated and available to parents in Spanish. Spanish speaking translators are available for other documents when needed.**

Describe parent outreach activities that inform parents of how they can be involved in their children's education and how they can assist their children to learn English and meet state academic standards.

**As parents enroll their children in school, the Guidance Counselor does the initial outreach activity to inform parents of how they can be involved in their child's education and how they can assist their children to learn English and meet State content and academic achievement standards. District Migrant staff is also active in informing parents of various ways to be involved in their child's education and assisting parents in becoming and staying involved.**

Check the school-to-home communications that are sent by the LEA or school to parents or guardians of ELLs that are in a language the parents or guardians can understand. (Check all that apply. Please provide links to all boxes checked.):

- Results of language proficiency assessment
- Program placement
- Program delivery model option(s)

- Extension of ESOL instruction
- Exit from ESOL program
- Post-reclassification of former ELLs monitoring
- Reclassification of former ELLs
- State and/or LEA testing
- Accommodations for testing (flexible setting)
- Annual testing for language development
- Growth in language proficiency (Listening, Speaking, Reading, Writing)
- Exemption from FSA in ELA for ELLs with DEUSS less than one year
- Retention/Remediation/Good Cause
- Transition to regular classes or course change
- Invitation to participate in an ELL Committee Meeting
- Invitation to participate in the Parent Leadership Council (PLC)
- Special programs such as Gifted, ESE, Advanced Placement, Dual Enrollment, Pre-K, Career and Technical Education, charter schools, and student support activities
- Free/reduced price lunch
- Parental choice options, school improvement status, and teacher out-of-field notices
- Registration forms and requirements
- Disciplinary forms
- Information about the Florida Standards and the English Language Development (ELD) Standards
- Information about community services available to parents
- Information about opportunities for parental involvement (volunteering, PTA/PTO, SAC)
- Report Cards\* **Translated copies of report cards are provided for parents/students as needed**
- Other (Specify) \_\_\_\_\_

**\*\*See Appendix B for Forms**

\*If report cards are not available in other languages, please describe how the academic progress of an ELL is communicated to parents/guardians.

## **Section 9: The Parent Leadership Council (Rule 6A-6.0904, F.A.C.)**

What type(s) of Parent Leadership Council (PLCs) exist in the LEA? (Check all that apply. Please provide links to agenda membership and meetings.)

- LEA Level
- School Level

Please address the functions and composition of the PLC:

The PLC is "composed in the majority of parents of limited English proficient students."  
If the PLCs in the LEA do not meet this condition, explain why and when compliance with the rule is expected.

How does the LEA involve the PLC in other LEA committees?

**The District PLC is composed in the majority of parents of limited English proficient students. The District PLC consists of parents of ELL students from all district schools where ELL students are enrolled. Since Madison is a very small district, there is only one PLC for the District. Other members of the PLC include the Migrant Parent Liaison, Title I Parent Liaison, and other district and school staff are invited depending on the topics on the agenda and at the request of the PLC.**

How is the LEA PLC involved in the development of the District ELL Plan?

**The members of the PLC review the District ELL plan and offer suggestions for updates. The members of the PLC also assist with the development of the District ESOL program forms.**

Does the LEA PLC approve of the District ELL Plan?  Yes  No

If no, please provide explanation for PLC's non-approval.

## **Section 10: Personnel Training (Rules 6A-6.0907 and 6A-1.0503, F.A.C.)**

Describe how Category I teachers responsible for the English Language Arts and intensive reading instruction of ELLs who are required to obtain the ESOL endorsement/certification are notified of training requirements and opportunities. Include title of person(s) responsible for issuing the notifications and how the process is documented.

**Each Category I teacher is notified in writing of the ESOL requirements for endorsement/certification using the ESOL Study Plan. This plan details the hour and course requirements for each category. The District partners with the NEFEC professional development staff to offer blended/online courses toward the ESOL endorsement/certification. Teachers and staff are notified of upcoming course enrollments through email, the District Weekly Update, and flyers. The process is documented on the ESOL Study Plan and is monitored by the Director of Student Services, ESE, & Mental Health Services (District ESOL Contact), as well as the Human Resources Department, and the School ESOL Coordinator/Guidance Counselor.**

Describe how content area teachers of math, science, social studies and computer literacy are notified of ESOL training requirements (60 hours) and opportunities. Include title of person(s) responsible for issuing the notifications and how the process is documented.

**Content area teachers are notified in writing of the ESOL requirements for endorsement/certification using the ESOL Study Plan. This plan details the hour and course requirements for each category. The District partners with the NEFEC professional development staff to offer blended/online courses toward the ESOL endorsement/certification. Teachers and staff are notified of upcoming course enrollments through email, the District Weekly Update, and flyers. The process is documented on the ESOL Study Plan and is monitored by the Director of Student Services, ESE, & Mental Health Services (District ESOL Contact), as well as the Human Resources Department, and the School ESOL Coordinator/Guidance Counselor.**

Describe how all other instructional staff are notified of ESOL training requirements (18 hours) and opportunities. Include title of person(s) responsible for issuing the notifications and how the process is documented.

**All other instructional staff is notified in writing of the ESOL requirements for endorsement/certification using the ESOL Study Plan. This plan details the hour and course requirements for each category. The District partners with the NEFEC professional development staff to offer blended/online courses toward the ESOL endorsement/certification. Teachers and staff are notified of upcoming course enrollments through email, the District Weekly Update, and flyers. The process is documented on the ESOL Study Plan and is monitored by the Director of Student Services, ESE, & Mental Health Services (District ESOL Contact), as well as the**

**Human Resources Department, and the School ESOL Coordinator/Guidance Counselor.**

Describe the procedures used when Category I teachers are reported out of field. Include compliance procedures when claiming weighted FTE 130 for core courses. **Letters are sent to parents in their native language indicating that the teacher is teaching out of field. Teachers are notified with an ESOL Study Plan regarding what courses they have completed and what courses they still need towards ESOL Endorsement.**

Describe how the LEA provides the 60-hour ESOL training requirement for school-based administrators and the LEA's tracking system that will be implemented. **The District partners with NEFEC professional development staff to offer an online ESOL for Administrators course for administrators within the district who need the 60-hour ESOL training requirement. The process is documented and monitored on the ESOL Study Plan and is monitored by the Director of Student Services, ESE, & Mental Health Services (District ESOL Contact), as well as the Human Resources Department.**

Describe how the LEA provides the 60-hour ESOL training requirements for Guidance Counselors, and the LEA's tracking system. **The District partners with NEFEC professional development staff to offer an online ESOL for Guidance Counselors course for School Guidance Counselors within the district who need the 60-hour ESOL training requirement. The process is documented and monitored on the ESOL Study Plan by the Director of Student Services, ESE, & Mental Health Services (District ESOL Contact), as well as the Human Resources Department.**

Describe the supplemental professional development offered by the LEA to ensure that instructional staff are informed of English Language Development standards and best practices.

**The District also partners with ISRD and FDLRS to offer teachers and school staff professional development on instructional strategies and resources for teaching English Language Development standards. Some examples include: Working with ELL Students: Best Practices and Important Considerations for RTI/MTSS, Interventions and Assessments and Classroom Strategies for Instructing English Language Learners**

If instruction is provided in a language other than English, describe the procedures that are used to assess teachers' proficiency in the other language and in English. **Instruction is not provided in a language other than English at this time.**

A bilingual paraprofessional or teacher is required at schools having 15 or more ELLs who speak the same language. Specify the eligibility qualifications required by the LEA for bilingual paraprofessionals. Explain the bilingual paraprofessional's job description and primary assignment.

**At this time the District does not meet the minimum requirements of 15 or more ELL students at one school and does not have a bilingual paraprofessional.**

**The minimum requirements for a bilingual paraprofessional would have to meet the definition of highly qualified personnel which includes the following:**

**a.) Completed at least two years of study at an institution of higher education; or**

**b.) Obtained an associate's (or higher) degree; or**

**Met a rigorous standard of quality and can demonstrate mastery of needed skills through a formal State or local assessment.**

Describe LEA procedures for training bilingual paraprofessionals in ESOL or home language strategies. Include how documentation of training is maintained.

**If a bilingual paraprofessional was required, then training requirements would include completing at least eighteen (18) hours of ESOL professional development that includes an overview of the Consent Decree and Madison County School District's ELL Plan, procedures and requirements. Training and classroom technical assistance would also be provided by FDLRS on implementing instructional strategies in the classroom. Cross-cultural awareness, second language acquisition and basic subject area instructional methods would also be provided.**

**Documentation of all professional development is collected and maintained by the Human Resources Department and the Director of Student Services, ESE & Mental Health Services and is documented in the NEFEC Professional Development System – TRACK.**

Describe the procedures to determine the bilingual paraprofessional's proficiency in English and in the heritage language of the students served.

**If a bilingual paraprofessional was required, then the District's job description for a bilingual paraprofessional would require an applicant to first "demonstrate the ability to read, speak, and write English and appropriate native language used in a specific school setting." The District's Human Resources Department reviews the applicants' applications and paperwork and only approves for interviews those applicants who meet the job description requirements. In addition, the principal will include on the interview committee a district employee who is proficient in the target language.**

Please provide an assurance letter from the district superintendent that the district is in compliance with all ESOL training requirements.

**See Appendix C**



## **Section 11: Extension of Services (Rule 6A-6.09022, F.A.C.)**

Describe LEA procedures used to determine extension of services, including appropriate timeline based on DEUSS. Explain the role of the ELL Committee and what supporting documentation is used in determining if continued ESOL services are necessary.

**The ELL Committee will convene no earlier than thirty (30) days before the third anniversary of the student's entry date or Date Entered United States School (DEUSS), and no later than the anniversary date. The ELL Committee will review the student's scores on at least one FLDOE approved assessment, the student's WIDA scores, the student's academic record including progress monitoring and diagnostic data, prior educational and social experience, mastery of basic competencies or skills in English, and grades from current or previous years. If the ELL Committee determines, based on data, the student is not English proficient, then ESOL services will be extended. If the student is found to be English proficient, then the student is exited from the ESOL program.**

### **Listening and Speaking Proficiency Assessment**

List the Listening and Speaking assessment(s) used in the LEA to determine if a student is English proficient for extension of services.

**WIDA Listening and Speaking Assessment  
iReady Assessment**

### **Reading and Writing Proficiency Assessment**

List the Reading and Writing assessment(s) used in the LEA to determine if a student is English proficient for extension of services.

**WIDA Reading and Writing  
FSA English/Language Arts  
iReady Assessment**

# **Appendix A**

## District School Board of Madison County Student Registration Form 2018-2019

School: \_\_\_\_\_ Date: \_\_\_\_\_  
Code: To be completed by the parent/legal guardian: \_\_\_\_\_

Birth Verification: \_\_\_\_\_

Assignment \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle \_\_\_\_\_

Suffix \_\_\_\_\_

Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Social Security Number \_\_\_\_\_

Yes  No This student is a child of an active

Military Family.

Gender: (Check One)

Female

Ethnicity: (Check One)

Race: (Check all that apply)

Male

No, not Hispanic or Latino  
 Yes, Hispanic or Latino

American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Grade: \_\_\_\_\_ Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

If Birth Country is not "US", has the student attended school in the US for more than three years?  Yes  No Date Entered US School: \_\_\_\_\_

Has this child ever been enrolled in a Madison County School?  Yes  No If Yes, Where: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

County: \_\_\_\_\_

Has this student ever had any previous retentions?  Yes  No If yes, which grade level(s)? \_\_\_\_\_

House #: \_\_\_\_\_ Street Name: \_\_\_\_\_

Apt. #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Mailing Address if different from Residence Address: \_\_\_\_\_

House #: \_\_\_\_\_ Street Name: \_\_\_\_\_

Apt. #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Student lives with:  Both  Father  Mother  Guardian

Was this student in special education (with an IEP), served as gifted, or have a 504 Plan?  Yes  No If Yes, which program: \_\_\_\_\_

Has this student had any previous expulsion, felony arrests resulting in a charge, or juvenile justice actions or referrals to mental health services?  
 Yes  No (If yes, complete follow up with AP)

Did the student have a first language other than English?  Yes  No If Yes, which language? \_\_\_\_\_

(Native Language)

Is a language other than English used in the home?  Yes  No If Yes, Which language? \_\_\_\_\_

(Parent/Guardian Language)

Does the student most frequently speak a language other than English?  Yes  No If Yes, which language? \_\_\_\_\_

\*=Optional-(refer to Registration Requirements Handout) Florida Statute 119.071(5) requires that we notify you of the purpose for collecting and utilizing your social security number (SSN). The SSN is being requested on this form for student records and reporting (1002.221 F.S.), cumulative student records (1003.25(1) F.S.), records of children in the voluntary prekindergarten education program (1002.72(1) F.S.), and student records - dropout prevention and academic intervention programs (1003.53(6) F.S.) (OVER)

**Parent Guardian Information: (The adult Male and/or Female with whom the student lives.)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Legal Custody/Guardianship?  Yes  No/NA Permission to Pick up?  Yes  No Email Address: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Pager (circle one) \_\_\_\_\_

Is there a shared-custody or parenting plan in effect?  Yes  No (If yes, plan must be on file with the school for enforcement.)

Is there a restraining order in effect?  Yes  No (If yes, legal papers must be on file with the school for enforcement.)  
 Restraining Order Against: \_\_\_\_\_  
 Mother  Father  Other \_\_\_\_\_

Is this student in a homeless situation (e.g., living in an emergency or transitional shelter, car, trailer park, outdoors, hotel/motel, or with other family due to economic hardship)?  Yes  No (If yes, please complete Student Residency Form)

Is this student awaiting foster care placement?  Yes  No (If yes, please complete Student Residency Form)

Is the Child under DCF (Department of Children and Families) Supervision?  Yes  No

Local persons or parent to call in an emergency other than contacts listed above: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Legal Custody/Guardianship?  Yes  No/NA Permission to Pick up?  Yes  No Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ (optional)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Legal Custody/Guardianship?  Yes  No/NA Permission to Pick up?  Yes  No Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ (optional)

**Siblings Information (School Age):**

Last Name	First Name	Grade	Age	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am the parent/guardian of the child named above. The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Madison County Public Schools. I understand that it is my responsibility as parent/guardian to keep this information current. I give permission for the information on this form to be reviewed and utilized by the staff of this school and by district personnel to assist in the provision of school health services, and be disclosed to relevant state agencies to facilitate the process of verifying current Medical eligibility (if applicable).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Junta Escolar del Condado de Madison**  
**Formulario de Registro Estudiante 2018-2019**

Escuela: \_\_\_\_\_ Fecha: \_\_\_\_\_ Nacimiento Verificación: \_\_\_\_\_ Asignación: \_\_\_\_\_

Nombre Completo del Estudiante legal: \_\_\_\_\_ del código: Para ser completado por el padre / tutor legal: \_\_\_\_\_

Apellido: Nombre: Apodo Sufijo \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \* Número de Seguridad Social \_\_\_\_\_  Sí  No Este estudiante es un niño de un familia militar activo.

Sexo: (Marque uno) Raza: (marque uno) Raza: (Marque todo lo que corresponda)  
 Femenino  No, no es hispano o latino  Indio Americano o Nativo de Alaska  Asiático  Negro o afroamericano  
 Hombre  Sí, hispano o latino  Hawai u otras islas del Pacífico natural  Blanco

Grado: \_\_\_\_\_ Ciudad de nacimiento: \_\_\_\_\_ nacimiento Estado: \_\_\_\_\_ nacimiento País: \_\_\_\_\_

Si nacimiento País no es "US", tiene el estudiante asistió a la escuela en los EE.UU. durante más de tres años?  Sí  No Fecha de Estados Unidos entró en la escuela: \_\_\_\_\_

¿Alguna vez este niño ha inscrito en una escuela del condado de Madison?  Sí  No En caso afirmativo, ¿Dónde: \_\_\_\_\_

ESCUELA ANTERIOR: \_\_\_\_\_ Dirección de la escuela: \_\_\_\_\_ Provincia: \_\_\_\_\_

Ha tenido este estudiante alguna retención previa? 0 Sí 0 No En caso afirmativo, ¿qué grado (s)? \_\_\_\_\_

Casa #: \_\_\_\_\_ Nombre de calle: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Dirección postal si es diferente al de residencia Dirección:

Casa #: \_\_\_\_\_ nombre de calle: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono decasa: ( ) \_\_\_\_\_ Estudiante vive con:  Ambos  Padre  Madre  Guardián

¿Era este estudiante en educación especial (con un IEP), servido como dotados, o tener una plan 504?  Sí  No **En caso afirmativo, qué programa:**

¿Ha tenido este estudiante de expulsión, las detenciones por delitos graves anteriores que resulta en una carga, o las acciones de justicia de menores?  Sí  No (En caso afirmativo, seguimiento completo con AP)

Tuvo el estudiante un primer idioma que no sea Inglés?  Sí  No **En caso afirmativo, en qué idioma?** \_\_\_\_\_ (Native Language)

es un idioma que no sea Inglés utilizado en el hogar?  Sí  No **En caso afirmativo, ¿Qué idioma?** \_\_\_\_\_ (Padre / tutor Language)

¿Tiene el estudiante con mayor frecuencia hablan un idioma distinto del Inglés?  Sí  No **En caso afirmativo, en qué idioma?**

\* = Opcional: (se refiere a requisitos de registro Volante) Estatuto de la Florida 119.071 (5) requiere que le notifiemos de la finalidad de la recogida y la utilización de su número de seguro social (SSN). El SSN se solicita en este formulario de registros de estudiantes y presentación de informes (1002.221 FS), registros de estudiantes acumuladas (1.003.25 (1) FS), los registros de los niños en el programa de educación pre-kindergarten voluntario (1.002.72 (1) FS), y registros de los estudiantes - prevención del abandono escolar y los programas de intervención académica (1003.53 (6) OS) (OVER)

Padre Guardián de la información: ( el adulto masculino y / o femenino con quien vive el estudiante)

Apellido \_\_\_\_\_ Nombre \_\_\_\_\_ Relación \_\_\_\_\_ Teléfono de casa \_\_\_\_\_ Teléfono de trabajo \_\_\_\_\_ Teléfono Celular o buscapersonas \_\_\_\_\_

**Custodia Legal / tutela?**  Sí  No / **NA permiso para recoger?**  Sí  No **Dirección de correo electrónico:**

Apellido \_\_\_\_\_ Nombre \_\_\_\_\_ Relación \_\_\_\_\_ Teléfono de la casa \_\_\_\_\_ Teléfono del trabajo \_\_\_\_\_ Teléfono Celular o buscapersonas \_\_\_\_\_

¿Hay una custodia compartida o plan de crianza en efecto?  Sí  No **(En caso afirmativo, el plan debe ser archivada en la escuela para la ejecución.)**

¿Hay una orden de alejamiento en vigor?  Sí  No **(En caso afirmativo, documentos legales deben ser archivada en la escuela para la ejecución.)**

**Orden de restricción en contra:**  Madre  Padre  Otro \_\_\_\_\_

¿Es este estudiante en una situación sin hogar (por ejemplo, vivir en un refugio de emergencia o de transición, coche, parque de casas rodantes, al aire libre, hotel / motel, o con otra familia debido a las dificultades económicas)?  Sí  No **(En caso afirmativo, completar el Formulario de Residencia del Estudiante)**

¿Está este estudiante a la espera de la colocación de cuidado de crianza?  Sí  No **(En caso afirmativo, completar el Formulario de Residencia del Estudiante)**

es el niño bajo DCF (Departamento de Niños y Familias) Supervisión?  Si  No

**Personas locales o de los padres para llamar en caso de emergencia además de las relaciones mencionadas anteriormente:**

Apellido \_\_\_\_\_ Nombre \_\_\_\_\_ Relación \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_  
Teléfono de la casa \_\_\_\_\_ Teléfono del trabajo \_\_\_\_\_  
Celular o buscapersonas (circule uno) \_\_\_\_\_

Custodia Legal / tutela?  Sí  No / NA permiso para recoger?  Sí  No Dirección de correo electrónico: \_\_\_\_\_

Dirección: \_\_\_\_\_  
(opcional) \_\_\_\_\_

Apellido \_\_\_\_\_ Nombre \_\_\_\_\_ Relación \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_  
Teléfono de la casa \_\_\_\_\_ Teléfono del trabajo \_\_\_\_\_  
Celular o buscapersonas (circule uno) \_\_\_\_\_

Custodia Legal / tutela?  Sí  No / NA permiso para recoger?  Sí  No Dirección de correo electrónico: \_\_\_\_\_

Dirección: \_\_\_\_\_  
(opcional) \_\_\_\_\_

**Información Hermanos (en edad escolar):**

Apellido	Nombre	Grado	Edad	Escolar Asistir
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Soy el padre / tutor del niño mencionado anteriormente. La información en este formulario es verdadera y exacta a partir de esta fecha. Entiendo que la falsificación de la información para lograr la inscripción o asignación puede ser causa de revocación de la inscripción o de la asignación del estudiante a una escuela en las escuelas públicas del condado de Madison. Yo entiendo que es mi responsabilidad como padre / tutor para mantener esta información actualizada. Doy permiso para que la información en este formulario para ser revisado y utilizado por el personal de esta escuela y el personal del distrito para ayudar en la prestación de servicios de salud escolar, y ser revelada a agencias estatales pertinentes para facilitar el proceso de verificar la elegibilidad médica actual (si es aplicable).

Padre / tutor Fecha \_\_\_\_\_

# Appendix B



<Insert School Letterhead>

English for Speakers of Other Languages (ESOL) Program  
**English Proficiency Assessment Status**  
*Parent Letter*

<Insert Date>

Date of school registration: <Insert Date>

Dear Parents/Guardians of <Insert Student Name>:

When you registered your child for school, you completed the Student Survey section of the student registration form, indicating that a language other than English is either spoken by your child or spoken in your home. Based on this information and pursuant to State Board of Education Rule 6A-6.0902, your child should have been tested to determine oral proficiency in English within 20 school days of the date of registration.

However, the time for assessing your child has exceeded the 20-day period for the following reason(s):

School staff was unable to administer the test in time.

Your child was not available for testing.

Other \_\_\_\_\_

Please be assured that your child will be tested soon. You will receive information about the results of the assessment as soon as possible.

Please contact me at <Insert Phone Number> or <Insert email> if you have any questions.

Sincerely yours,

\_\_\_\_\_  
<Insert School Contact>  
School ESOL Coordinator

<Insert School Letterhead>

Inglés para Hablantes de Otros Idiomas (ESOL) Programa de  
**Inglés de evaluación del dominio Estado**  
*de Padres Carta*

<Insert Date>

Fecha de registro de la escuela: <Insert Date>

Estimados padres / tutores de los <Insert Student Name>:

Cuando registró su hijo en la escuela, se completó la sección Encuesta de Estudiantes de la hoja de inscripción de los estudiantes, lo que indica que un idioma distinto del Inglés está bien dicho por su hijo o habla en su hogar. Sobre la base de esta información y de conformidad con el Consejo Estatal de Educación Regla 6A-6.0902, su hijo debería haber sido probado para determinar el dominio oral en Inglés dentro de los 20 días escolares a partir de la fecha de registro.

Sin embargo, el tiempo para la evaluación de su hijo ha superado el período de 20 por lo siguiente días,(s):

El personal escolar no fue capaz de administrar la prueba en el tiempo.

Su hijo no estaba disponible para la prueba.

Otro \_\_\_\_\_

Por favor, estar seguro de que su hijo se pondrá a prueba pronto. Usted recibirá información sobre los resultados de la evaluación lo más pronto posible.

Por favor, póngase en contacto conmigo a <Insertar número de teléfono> o <Insertar correo electrónico> si tiene alguna pregunta.

Atentamente,

\_\_\_\_\_  
<Insert School Contact>

Coordinador de la Escuela de ESOL

**English for Speakers of Other Languages (ESOL)  
Programmatic Assessment  
(K-12)**

**Student Name:** \_\_\_\_\_

**Student #** \_\_\_\_\_

**School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Placement:** \_\_\_\_\_

**Directions:**

Use the Programmatic Assessment form when an English Language Learner (ELL student) **first enters the ESOL Program at your school**. Use it as a worksheet for determining the most appropriate instructional program for each ELL student. This form is to be completed by the student's guidance counselor and the school-based ESOL Coordinator—and approved by the school administrator.

**Note:** *Placement for instruction must be commensurate with the student's prior achievement in each subject area, **regardless of the student's English proficiency.***

Place a check mark by the data used to determine academic placement for this ELL student.

- Made age-appropriate placement.
- Interviewed student's parents to determine the subject-area and/or grade-level competencies.
- Interviewed student to determine the subject-area and/or grade-level competencies.
- Reviewed records from previous school(s).
- Reviewed student's transcripts.
- Review results of standardized and/or criterion-referenced tests:
  - Test name \_\_\_\_\_ Test date \_\_\_\_\_
  - Test name \_\_\_\_\_ Test date \_\_\_\_\_

**Describe any additional steps taken by the school to determine appropriate academic placement:** \_\_\_\_\_

This programmatic assessment was conducted by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

*(Attach this form to the ELL Student Plan.)*

**Inglés para Hablantes de Otros Idiomas (ESOL)  
Evaluación Programática  
(K-12)**

**Nombre del estudiante:**

**Estudiante #**

**Escuela:**

**Fecha:**

**Colocación:**

**Instrucciones:**

Utilice el formulario de evaluación programática cuando una segunda lengua Inglés (ELL) **entra por primera vez el programa de ESOL en su escuela.** utilizarlo como una hoja de cálculo para la determinación del programa de instrucción más adecuado para cada estudiante de ELL. Este formulario debe ser completado por el consejero del estudiante y el basado en la escuela ESOL-Coordinador y aprobados por el administrador de la escuela.

*Nota: La colocación de la instrucción debe ser acorde con el rendimiento previo del estudiante en cada materia, **sin importar su dominio Inglés del estudiante.***

Coloque una marca de verificación por los datos utilizados para determinar la ubicación académica para este estudiante de ELL.

Hecho colocación apropiada para su edad.

Los padres de los estudiantes entrevistados para determinar el objeto de área y / o competencias de nivel de grado.

Entrevista con Estudiante para determinar el objeto del área y / o competencias de nivel de grado.

Revisar Registros de la escuela (s) anterior.

Revisar Transcripciones de los estudiantes.

Revisar Resultados de las pruebas estandarizadas y / o criterio de referencia:

Nombre de la prueba \_\_\_\_\_ Fecha de la prueba \_\_\_\_\_

Nombre de la prueba \_\_\_\_\_ Fecha de la prueba \_\_\_\_\_

**Describir las medidas adicionales tomadas por la escuela para determinar la colocación académica** \_\_\_\_\_

Esta evaluación se llevó a cabo mediante programación por:

Nombre: \_\_\_\_\_ Título: \_\_\_\_\_

Nombre: \_\_\_\_\_ Título: \_\_\_\_\_

*(. Adjunte este formulario al Plan de Estudiantes ELL)*

<Insert School Letterhead>

English for Speakers of Other Languages (ESOL) Program  
**Eligibility for Program Services**  
***Parent Notification***

Date \_\_\_\_\_

To the Parents/ Guardians of \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID Number \_\_\_\_\_

When you registered your child for school, you indicated that a language other than English is either spoken by your child or is spoken in your home.

Based on this information and pursuant to Florida Statutes, your child was tested for English language proficiency using the IDEA Placement Test (IPT) to determine eligibility for the school district's ESOL Program. Your child scored below the 32<sup>nd</sup> percentile on one of IPT Reading and IPT Writing. The results of the test indicate that your child is dominant in a language other than English and is eligible for ESOL Program services.

Therefore, your child will be enrolled in the ESOL Program at our school and will receive English instruction in subject-area classes taught by teachers who have completed ESOL training or are in the process of completing the training. Instruction will be presented in inclusion classes with ESOL strategies and accommodations when needed in which your child will learn with fluent English speakers.

The school ELL committee will develop an ELL Student Plan and monitor your child's educational progress through the program. Based on state, district, and school progress monitoring data, your child will be exited from the ESOL Program once they demonstrate English proficiency. However, you have the right to have your child immediately removed from the program upon your request.

If you have any questions regarding your child's placement in the ESOL Program, please contact me at <Insert School Contact Email> or <Insert School Contact Phone>.

Sincerely yours,

<Insert School Contact>  
ESOL Coordinator

Programa de Inglés para Hablantes de Otros Idiomas (ESOL)

**Elegibilidad para los servicios del programa**

**Notificación a los padres**

Fecha \_\_\_\_\_

**A los padres / tutores de** \_\_\_\_\_

Grado \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_ Número de identificación del estudiante  
\_\_\_\_\_

Cuando inscribió a su hijo en la escuela, indicó que un idioma diferente al inglés lo habla su hijo o lo habla en su hogar.

Con base en esta información y de conformidad con los Estatutos de la Florida, a su hijo se le hizo una prueba de aptitud en el idioma inglés utilizando el Examen de Colocación de IDEA (IPT) para determinar la elegibilidad para el Programa ESOL del distrito escolar. Su hijo obtuvo un puntaje por debajo del percentil 32 en uno de Lectura y Escritura de IPT. Los resultados de la prueba indican que su hijo es dominante en un idioma que no es el inglés y es elegible para los servicios del Programa ESOL.

Por lo tanto, su hijo se inscribirá en el Programa ESOL en nuestra escuela y recibirá instrucción en inglés en las clases del área temática que enseñan los maestros que han completado la capacitación en ESOL o están en el proceso de completar la capacitación. La instrucción se presentará en clases de inclusión con estrategias ESOL y adaptaciones cuando sea necesario, en las que su hijo aprenderá con personas que hablan inglés con fluidez.

El comité de ELL de la escuela desarrollará un plan para estudiantes de ELL y supervisará el progreso educativo de su hijo a través del programa. Basado en los datos de monitoreo del progreso del estado, distrito y escuela, su hijo saldrá del programa ESOL una vez que demuestre dominio del inglés. Sin embargo, usted tiene derecho a que su hijo sea retirado inmediatamente del programa si lo solicita.

Si tiene alguna pregunta sobre la colocación de su hijo en el Programa ESOL, comuníquese conmigo al <Insertar correo electrónico de contacto de la escuela> o <Insertar teléfono de contacto de la escuela>.

Sinceramente tuyo,

<Insertar contacto de la escuela>

Coordinador de ESOL

<Insert School Letterhead>

English Language Learner (ELL) Committee  
**Meeting Notes**

Meeting date \_\_\_\_\_  
Student name \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
Student # \_\_\_\_\_ Person completing form \_\_\_\_\_

**Reason(s) for Meeting:**

- Requested by School ESOL Coordinator for determination of eligibility –Tested **FES** on the *IPT Oral* but at or below the 32<sup>nd</sup> percentile on either the *IPT Reading* or *Writing*.
- Requested for review of student's progress and/or recommendation for promotion/retention.
- Requested by a teacher or other school personnel.
- Requested by student's parent or guardian.
- Other (specify) \_\_\_\_\_

**Narrative Summary of Meeting:**

**Recommendations of the Committee:**

**Signatures :**

Parent/Guardian \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

School Administrator \_\_\_\_\_ School ESOL Coordinator \_\_\_\_\_

English or language arts teacher \_\_\_\_\_ Other \_\_\_\_\_

<Insertar la Escuela de Carta>

Inglés (ELL)Comité  
notas de las reuniones

Fecha Reunión \_\_\_\_\_

Estudiante name \_\_\_\_\_ Grade \_\_\_\_\_ Hombre \_\_\_\_\_ Femenino

Estudiante # \_\_\_\_\_ forma la persona que completa \_\_\_\_\_

**Motivo (s) para la reunión:**

\_\_ solicitada por el Coordinador de la Escuela de ESOL para la determinación de la elegibilidad -Tested FES en el IPT oral pero igual o inferior a los 32<sup>nd</sup> percentilya sea en el IPT de lectura o escritura.

\_\_ Solicitada para la revisión del progreso del estudiante y / o recomendación para la promoción / retención.

\_\_ Solicitada por un maestro u otro personal escolar.

\_\_ Solicitada por el padre o tutor del estudiante.

\_\_ Otro (especificar) \_\_\_\_\_

**Resumen narrativo de la reunión:**

**Recomendaciones del Comité:**

**Firmas:**

padre / tutor \_\_\_\_\_ de Orientación Counselor \_\_\_\_\_

Administrador de la Escuela \_\_\_\_\_ Escuela ESOL Coordinator \_\_\_\_\_



<Insertar la Escuela de Carta>

idioma Inglés o artes teacher \_\_\_\_\_ Other \_\_\_\_\_

<Insert School Letterhead>

English Language Learner (ELL) Committee  
**Parent Notification of Meeting and Invitation to Attend**

<Insert Date>

To the parent(s)/guardian(s) of <Insert Student Name>:

We invite you to discuss your child's educational needs in a meeting scheduled for

**Date** : \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location** : \_\_\_\_\_

Purpose of the meeting:

- Discuss your child's ELL status and develop an education plan
- Discuss initial placement or re-evaluation for exit
- Discuss your concerns about your child's academic progress
- Discuss retention or promotion
- Other \_\_\_\_\_

The following additional people have been invited to attend this meeting:

**Name/Title**

**Name/Title**

Sincerely yours,

<Insert School Contact>

ESOL Coordinator

**Parent: Please check one of the following statements. Sign, date, and return this letter to the school as soon as possible.**

- Yes, I will attend the meeting as scheduled. I will NOT need a translator.
- Yes, I will attend the meeting as scheduled. I will need a translator. Please provide one if possible.
- No, I cannot attend. However, I give permission for the meeting to take place. Please send me information about the results of the meeting.
- No, I cannot attend at the scheduled time. I would like to reschedule the meeting for another date and time. I can be contacted at \_\_\_\_\_ (home phone) or at \_\_\_\_\_ (work phone).

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

<Insertar la Escuela de Carta>

Inglés como segunda lengua(ELL) Comité  
**Notificación a los padres de reunión, y la invitación para asistir a**

<Insertar fecha>

Para el padre (s) / tutor (s) de <Insertar Nombre del estudiante>:

Le invitamos a discutir las necesidades educativas de su hijo en una reunión programada por

**Fecha:** \_\_\_\_\_ **Hora:** \_\_\_\_\_ **Ubicación:** \_\_\_\_\_

Objeto de la reunión:

- discutir el status de ELL de su hijo y desarrollar un plan de educación
- discutir la colocación inicial o re-evaluación para la salida
- Hable de sus preocupaciones sobre el progreso académico de su hijo
- discutir la retención o promoción
- Otro \_\_\_\_\_

La siguiente adicional personas han sido invitados a asistir a esta reunión:

**Nombre / Título**

**Nombre / Título**

Atentamente,

<Insert School Contacto>

Coordinadorde

**Padres :Por favor marque una de las siguientes declaraciones. Firmar, fechar y devolver esta carta a la escuela tan pronto como sea posible.**

\_\_\_\_\_ Sí, voy a asistir a la reunión como estaba previsto. NO voy a necesitar un traductor.

\_\_\_\_\_ Sí, voy a asistir a la reunión como estaba previsto. Voy a necesitar un traductor. Por favor, proporcione una si es posible.

\_\_\_\_\_ No, no puedo asistir. Sin embargo, doy permiso para que la reunión se lleve a cabo. Por favor, envíenme información acerca de los resultados de la reunión.

\_\_\_\_\_ No, no puedo asistir a la hora programada. Me gustaría volver a programar la reunión para otra fecha y hora. Se me puede contactar a \_\_\_\_\_ (teléfono de casa) o en \_\_\_\_\_ (teléfono del trabajo).

**Padre / tutor firma:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

<Insert School Letterhead>

English for Speakers of Other Languages (ESOL) Program  
**Parent Notification of Testing Accommodations**

<Insert Date>

Dear Parent(s)/Guardian(s):

During the school year, your child, <Student Name>, will be given one or more of the tests below:

**Florida Standards Assessment (FSA) Math (3-8 grade)**

**Florida Comprehensive Assessment Test (FCAT) Science (5<sup>th</sup> & 8<sup>th</sup>)**

**FSA ELA (3-10 grade)**

**Text Dependent Writing (2- 12 grade)**

**Progress Monitoring Assessments** in math, science, civics, and U.S. History.

**End of Course Exams** in algebra, geometry, biology, civics, and US history. (middle & high)

**World Class Instructional Design and Assessment (WIDA).** (K-12)

These tests are required by the Florida Department of Education and/or our district to give us more information about the academic skills of our students and to help us see how well we are meeting the needs of our students.

Because your child is participating in our ESOL Program, he/she is eligible for the following testing accommodations:

1. Taking the test in a separate setting (when possible).
2. Taking tests in shorter sessions.
3. Taking more time to complete the test.
4. Receiving assistance in your child's native language--with the exception of *WIDA*.  
(For example: using a word-for-word translation dictionary).

Sincerely yours,

<Insert School Contact>  
ESOL Coordinator

**IMPORTANT:** We are required to ask for your wishes concerning the test setting you prefer for your child.  
**Please sign and return this letter to the school as soon as possible.**

**Parent:**

Please check one of the following statements so that we will know your wishes concerning the setting in which your child is tested. If we do not hear from you, we will provide the setting we think is most appropriate.

I would like my child to be tested in a separate setting when possible.

I would like my child to be tested in a regular classroom setting.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

<Insertar la Escuela de Carta>

Programa de Inglés para Hablantes de Otros Idiomas (ESOL)  
**Notificación a los padres de las acomodaciones**

<Insertar fecha>

Estimado padre (s) / tutor (s):

Durante el año escolar, su hijo, <Nombre del estudiante>, se dará uno o más de las pruebas siguientes:

**Evaluación de Estándares de la Florida (FSA) Matemáticas (3-8 grado)**

**Examen de Evaluación Integral de la Florida (FCAT) Ciencia (5 y 8 grados)**

**FSA ELA (3-10 grado)**

**de texto que depende del guión (2- 12 grado)**

**Evaluaciones de seguimiento de los avances** en las matemáticas, la ciencia, la educación cívica, y Historia de estados unidos.

**Exámenes de fin de curso** de álgebra, geometría, biología, educación cívica, y la historia de Estados Unidos. (media y alta)

**Diseño de Instrucción Clase Mundial y Evaluación (WIDA).** (K-12)

Estas pruebas son requeridos por el Departamento de Educación y / o nuestro distrito Florida para darnos más información acerca de las habilidades académicas de nuestros estudiantes y para ayudarnos a ver lo bien que estamos cumpliendo con las necesidades de nuestros estudiantes.

Debido a que su hijo participa en nuestro programa de ESOL, él / ella es elegible para las siguientes adaptaciones para exámenes:

1. Tomar la prueba en un entorno separado (cuando sea posible).
2. Tomando pruebas en sesiones más cortas.
3. El tomar más tiempo para completar la prueba.
4. Recibir asistencia en el idioma nativo de su hijo - con la excepción de WIDA.  
(Por ejemplo: el uso de un diccionario de traducción palabra por palabra).

Atentamente,

<Insert School Contact>

Coordinador de ESOL

**IMPORTANTE:** Estamos obligados a pedir sus deseos con respecto a la configuración que prefiera para su hijo de prueba.

**Por favor firme y devuelva esta carta a la escuela tan pronto como sea posible.**

District School Board of Madison County  
English Speakers of Other Languages (ESOL) Program  
**Testing Accommodations Provided (K-12)** School Year \_\_\_\_\_

Student name \_\_\_\_\_ Student # \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_

The purpose of this form is to document which tests this ELL student took and what specific accommodations were made in the testing environment. This form is to be attached to the ELL Student Plan. A new form must be completed each year.

Note: *The accommodations provided to an ELL student during testing should have been provided to that student during normal classroom activities and assessments. For example, if an ELL student will be allowed to use a translation dictionary on the FCAT/FSA, the student should be familiar with the dictionary because he or she has used it previously--during classroom activities and tests.*

TEST NAME	Test Date	Accommodations*			
		Flexible Setting	Flexible Schedule	Additional Time	Assistance in Native Language
FLKRS					
FSA ELA					
FSA Math					
FCAT Science					
FSA/EOC Retake					
End of Course (EOC)Exams					
PERT					
WIDA					Not available during WIDA

**\*Explanation of Accommodations:**

- Flexible Setting--** Test was administered by a certified teacher or guidance counselor away from non-ELL students.
- Flexible Schedule--** Test or section of test was taken during several brief periods within one school day (with no extra time provided).
- Additional Time--** Student had additional time to complete sections of the test; however, the student could not return to a section on a subsequent day.
- Assistance in Native Language--** Student received assistance with test directions and specific words/phrases and/or used an approved word-for-word dictionary.

Distrito Junta Escolar del Condado de Madison  
 Altavoces Inglés de Otros Idiomas (ESOL) programa de  
**pruebas/apartamentos que ofrece (K-12)** Año escolar \_\_\_\_\_

El nombre del estudiante \_\_\_\_\_ Grado \_\_\_\_\_ Estudiante # \_\_\_\_\_ Escuela \_\_\_\_\_ Nivel de \_\_\_\_\_

El propósito de este formulario es documentar que pone a prueba este estudiante ELL tomó y qué adaptaciones específicas se realizaron en el entorno de prueba. Esta forma se va a unir al Plan de Estudiantes ELL. Un nuevo formulario debe ser completado cada año.

**Nota:** Los alojamientos proporcionados a un estudiante de ELL durante las pruebas deberían haber sido proporcionados a ese estudiante durante las actividades de clase normales y evaluaciones. Por ejemplo, si se le permitirá a un estudiante ELL utilizar un diccionario de traducción en el FCAT / FSA, el estudiante debe estar familiarizado con el diccionario, porque él o ella ha utilizado anteriormente - durante las actividades de clase y pruebas.

TEST Nombre	prueba de Fecha	Alojamiento *			
		Marco flexible	flexible Horario	adicional Tiempo	Ayuda en Idioma Nativo
FLKRS					
FSAELA					
FSAMatemáticas					
FCAT Ciencia					
FSA / EOC Retake					
Fin de curso (EOC) Signos					
PERT					
WIDA					No está disponible durante WIDA

\*Explicación de Alojamiento:

- Setting-- flexible Pruebas administrado por un maestro o consejero de orientación certificada lejos de los estudiantes que no son ELL.
- Schedule-- flexible Pruebas sección de la prueba fue tomada durante varios períodos breves dentro de un día escolar (sin tiempo extra).
- tiempo-- adicional Estudiante tenía un tiempo adicional para completar las secciones del examen; Sin embargo, el estudiante no puede regresar a una sección en un día posterior.

La asistencia en \_\_\_\_\_

Distrito Junta Escolar del Condado de Madison  
Altavoces Inglés de Otros Idiomas (ESOL) programa dede  
**pruebasapartamentos que ofrece (K-12) Año escolar \_\_\_\_\_**

**Lengua materna--** Estudiante recibió ayuda con las direcciones de prueba y palabras / frases específicas y / utilizado un palabra por palabra o diccionario, aprobado.



<Insert School Letterhead>

English for Speakers of Other Languages (ESOL) Program  
**Parent Notification of ESOL Program Exit**

Date \_\_\_\_\_

Grade \_\_\_\_\_

Dear Parents/Guardians of \_\_\_\_\_:

We are pleased to inform you that your child no longer needs services through the ESOL Program. This decision was based on a review of the following data:

- Teacher recommendation.
- Results of a recent assessment of English language proficiency.
- Recent report card grades.
- Performance on tests required by the State and district.

Florida law requires that we monitor your child's progress in school for the next two years. If at any time during the two years there is indication that your child is having academic difficulties, a meeting of the ELL Committee will be called to determine if he/she needs to be placed in the ESOL Program again. You will be invited to attend this meeting. You may request a meeting of the committee to review your child's progress at any time during the next two years.

If you have any questions or need further information regarding this matter, please contact me at <Insert School Contact Email>

Sincerely yours,

<Insert School Contact>  
ESOL Coordinator

Distribution:

original: Parents/guardians  
copy: Student's cumulative folder

<Insert School Letterhead>

Inglés para Hablantes de Otros Idiomas (ESOL Program)  
**Notificación a los padres del Programa ESOL salida**

Fecha \_\_\_\_\_

Grado \_\_\_\_\_

Estimados padres / tutores de \_\_\_\_\_:

Tenemos el agrado de informarle que su hijo ya no necesita los servicios a través del Programa ESOL. Esta decisión se basó en una revisión de los datos siguientes:

- Recomendación del maestro.
- Los resultados de una reciente evaluación del dominio del idioma Inglés.
- Recientes tarjeta de calificaciones.
- Rendimiento en las pruebas requeridas por el estado y el distrito.

La ley de Florida requiere que hacemos un seguimiento del progreso de su hijo en la escuela para los próximos dos años. Si en cualquier momento durante los dos años no hay indicación de que su hijo está teniendo dificultades académicas, una reunión del Comité de ELL será llamado para determinar si él / ella tiene que ser colocado en el programa de ESOL de nuevo. Usted será invitado a asistir a esta reunión. Usted puede solicitar una reunión del comité para revisar el progreso de su hijo en cualquier momento durante los próximos dos años.

Si usted tiene alguna pregunta o necesita más información sobre este tema, por favor, póngase en contacto conmigo a <Insertar la Escuela de contacto Correo electrónico>

Atentamente,

<Insert School Contact>  
Coordinador de ESOL

Distribución:

originales: Los padres / tutores  
de copia: la carpeta escolar del estudiante

<Insert School Letterhead>

English for Speakers of Other Languages (ESOL) Program

**Parent Notification of Re-Entry and Re-enrollment**

Date \_\_\_\_\_

Grade \_\_\_\_\_

Dear Parents/Guardians of \_\_\_\_\_:

Under Florida law we are required to monitor your child's progress for two years following his/her exit from the ESOL Program.

The ELL Committee met on \_\_\_\_\_ to review your child's progress. Based on the decision of the ELL Committee, your child will be re-enrolled in the ESOL Program at our school and will receive English instruction in "mainstream" classes taught by teachers who have completed ESOL training or are in the process of completing training.

If you have any questions or need further information regarding this matter, please contact me at <Insert School Contact Email> or <Insert School Contact Number>.

Sincerely yours,

<Insert School Contact>  
ESOL Coordinator

Distribution:

Original: Parents/Guardians

Copy: Student's cumulative folder

<Insertar la Escuela de Carta>

Inglés para Hablantes de Otros Idiomas (ESOL) Programa de

**Notificación Padres de la reingreso y reinscripción**

Fecha \_\_\_\_\_

Grado \_\_\_\_\_

Estimados padres / tutores de los \_\_\_\_\_:

Bajo la ley de Florida estamos obligados a monitorear el progreso de su hijo durante dos años después de su / su salida del Programa ESOL.

El Comité de ELL se reunió el \_\_\_\_\_ para revisar el progreso de su hijo. Sobre la base de la decisión del Comité de ELL, su hijo será re-inscrito en el programa de ESOL en nuestra escuela y recibirá instrucción Inglés en las clases "principales" impartidas por maestros que han completado el entrenamiento ESOL o están en el proceso de completar la formación.

Si usted tiene alguna pregunta o necesita más información con respecto a este asunto, por favor llámeme al <Insert School Contacto Email> o <Insertar la escuela Cantidad de contacto>.

Atentamente,

<Insert School Contacto>  
Coordinador de ESOL

Distribución:

Original: Los padres / tutores

de copia: la carpeta escolar del estudiante

## District School Board of Madison County Student Registration Form 2018-2019

School Code: To be completed by the parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Birth Verification: \_\_\_\_\_ Assignment: \_\_\_\_\_

Student's Full Legal Name: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Social Security Number: \_\_\_\_\_  Yes  No This student is a child of an active Military Family.

Gender: (Check One) Ethnicity: (Check One) Race: (Check all that apply)  
 Female  No, not Hispanic or Latino  American Indian or Alaska Native  Asian  Black or African American  
 Male  Yes, Hispanic or Latino  Native Hawaiian or Other Pacific Islander  White

Grade: \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

If Birth Country is not "US", has the student attended school in the US for more than three years?  Yes  No Date Entered US School: \_\_\_\_\_

Has this child ever been enrolled in a Madison County School?  Yes  No If Yes, Where: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ School Address: \_\_\_\_\_ County: \_\_\_\_\_

Has this student ever had any previous retentions?  Yes  No If yes, which grade level(s): \_\_\_\_\_

House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address if different from Residence Address:

House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Student lives with:  Both  Father  Mother  Guardian

Was this student in special education (with an IEP), served as gifted, or have a 504 Plan?  Yes  No If Yes, which program: \_\_\_\_\_

Has this student had any previous expulsion, felony arrests resulting in a charge, or juvenile justice actions or referrals to mental health services?  
 Yes  No (If yes, complete follow up with AP)

Did the student have a first language other than English?  Yes  No If Yes, which language? \_\_\_\_\_ (Native Language)

Is a language other than English used in the home?  Yes  No If Yes, Which language? \_\_\_\_\_ (Parent/Guardian Language)

Does the student most frequently speak a language other than English?  Yes  No If Yes, which language? \_\_\_\_\_

\*=Optional-(refer to Registration Requirements Handout) Florida Statute 119.071(5) requires that we notify you of the purpose for collecting and utilizing your social security number (SSN). The SSN is being requested on this form for student records and reporting (1002.221 F.S.), cumulative student records (1003.25(1) F.S.), records of children in the voluntary prekindergarten education program (1002.72(1) F.S.), and student records - dropout prevention and academic intervention programs (1003.53(6)F.S.). (OVER)

**Parent Guardian Information:** (The adult Male and/or Female with whom the student lives.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Pager (circle one) \_\_\_\_\_

Legal Custody/Guardianship?  Yes  No/NA Permission to Pick up?  Yes  No Email Address: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Pager (circle one) \_\_\_\_\_

Is there a shared-custody or parenting plan in effect?  Yes  No (If yes, plan must be on file with the school for enforcement.)

Is there a restraining order in effect?  
Restraining Order Against:  Yes  No (If yes, legal papers must be on file with the school for enforcement.)  
 Mother  Father  Other \_\_\_\_\_

Is this student in a homeless situation (e.g., living in an emergency or transitional shelter, car, trailer park, outdoors, hotel/motel, or with other family *due to economic hardship*)?  
 Yes  No (If yes, please complete Student Residency Form)

Is this student *awaiting* foster care placement?  Yes  No (If yes, please complete Student Residency Form)

Is the Child under DCF (Department of Children and Families) Supervision?  Yes  No

Local persons or parent to call in an emergency other than contacts listed above: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Pager (circle one) \_\_\_\_\_

Legal Custody/Guardianship?  Yes  No/NA Permission to Pick up?  Yes  No Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ (optional)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell or Pager (circle one) \_\_\_\_\_

Legal Custody/Guardianship?  Yes  No/NA Permission to Pick up?  Yes  No Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ (optional)

**Siblings Information (School Age):**

Last Name	First Name	Grade	Age	School Attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I am the parent/guardian of the child named above. The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Madison County Public Schools. I understand that it is my responsibility as parent/guardian to keep this information current. I give permission for the information on this form to be reviewed and utilized by the staff of this school and by district personnel to assist in the provision of school health services, and be disclosed to relevant state agencies to facilitate the process of verifying current Medical eligibility (if applicable).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Junta Escolar del Condado de Madison  
Formulario de Registro Estudiante 2018-2019

Escuela: \_\_\_\_\_ Fecha: \_\_\_\_\_ Nacimiento Verificación: \_\_\_\_\_ Asignación \_\_\_\_\_

Nombre Completo del Estudiante legal: \_\_\_\_\_ del código: Para ser completado por el padre / tutor legal: \_\_\_\_\_

Apellido: Nombre: Apodo Sufijo \_\_\_\_\_

Fecha de Nacimiento \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \* Número de Seguridad Social \_\_\_\_\_  Sí  No Este estudiante es un niño de un  
Familia militar activo.

Sexo: (Marque uno) Raza: (Marque todo lo que corresponda)

- Femenino  No, no es hispano o latino  Indio Americano o Nativo de Alaska  Asiático  Negro o afroamericano  
 Hombre  Sí, hispano o latino  Hawaii u otras islas del Pacifico natural  Blanco

Grado: \_\_\_\_\_ Ciudad de nacimiento: \_\_\_\_\_ nacimiento Estado: \_\_\_\_\_ nacimiento País: \_\_\_\_\_

Si nacimiento País no es "US", tiene el estudiante asistió a la escuela en los EE.UU. durante más de tres años?  Sí  No Fecha de Estados Unidos entró en la escuela: \_\_\_\_\_

¿Alguna vez este niño ha inscrito en una escuela del condado de Madison?  Sí  No En caso afirmativo, ¿Dónde: \_\_\_\_\_

ESCUELA ANTERIOR: \_\_\_\_\_ Dirección de la escuela: \_\_\_\_\_ Provincia: \_\_\_\_\_

Ha tenido este estudiante alguna retención previa? 0 Sí 0 No En caso afirmativo, ¿qué grado (s)? \_\_\_\_\_

Casa #: \_\_\_\_\_ Nombre de calle: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Dirección postal si es diferente al de residencia Dirección:

Casa #: \_\_\_\_\_ nombre de calle: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono decasa:( ) \_\_\_\_\_ Estudiante vive con:  Ambos  Padre  Madre  Guardián

¿Era este estudiante en educación especial (con un IEP), servido como dotados, o tener una plan 504?  Sí  No En caso afirmativo, qué programa:

¿Ha tenido este estudiante de expulsión, las detenciones por delitos graves anteriores que resulta en una carga, o las acciones de justicia de menores?  Sí  No (En caso afirmativo, seguimiento completo con AP)

Tuvo el estudiante un primer idioma que no sea Inglés?  Sí  No En caso afirmativo, en qué idioma? \_\_\_\_\_ (Native Language)

es un idioma que no sea Inglés utilizado en el hogar?  Sí  No En caso afirmativo, ¿Qué idioma? \_\_\_\_\_ (Padre / tutor Language)

¿Tiene el estudiante con mayor frecuencia hablan un idioma distinto del Inglés?  Sí  No En caso afirmativo, en qué idioma?

\* = Opcional: (se refiere a requisitos de registro Volante) Estatuto de la Florida 119.071 (5) requiere que le notifiemos de la finalidad de la recogida y la utilización de su número de seguro social (SSN). El SSN se solicita en este formulario de registros de estudiantes y presentación de informes (1002.221 FS), registros de estudiantes acumuladas (1.003.25 (1) FS), los registros de los niños en el programa de educación pre-kindergarten voluntario (1.002.72 (1) FS), y registros de los estudiantes - prevención del abandono escolar y los programas de intervención académica (1003.53 (6) OS) (OVER)

Padre Guardián de la información: ( el adulto masculino y / o femenino con quien vive el estudiante)

Apellido \_\_\_\_\_ Nombre \_\_\_\_\_ Relación \_\_\_\_\_ Teléfono de casa \_\_\_\_\_ Teléfono de trabajo \_\_\_\_\_ Teléfono Celular o buscapersonas \_\_\_\_\_

Custodia Legal / tutela?  Sí  No / NA permiso para recoger?  Sí  No Dirección de correo electrónico: \_\_\_\_\_

Apellido \_\_\_\_\_ Nombre \_\_\_\_\_ Relación \_\_\_\_\_ Teléfono de la casa \_\_\_\_\_ Teléfono del trabajo \_\_\_\_\_ Teléfono Celular o buscapersonas \_\_\_\_\_

¿Hay una custodia compartida o plan de crianza en efecto?  Sí  No (En caso afirmativo, el plan debe ser archivada en la escuela para la ejecución.)

¿Hay una orden de alejamiento en vigor?  Sí  No (En caso afirmativo, documentos legales deben ser archivada en la escuela para la ejecución.)

Orden de restricción en contra:  Madre  Padre  Otro \_\_\_\_\_

¿Es este estudiante en una situación sin hogar (por ejemplo, vivir en un refugio de emergencia o de transición, coche, parque de casas rodantes, al aire libre, hotel / motel, o con otra familia debido a las dificultades económicas)?  Sí  No (En caso afirmativo, completar el Formulario de Residencia del Estudiante)

¿Está este estudiante a la espera de la colocación de cuidado de crianza?  Sí  No (En caso afirmativo, completar el Formulario de Residencia del Estudiante)

es el niño bajo DCF (Departamento de Niños y Familias) Supervisión?  Sí  No



Personas locales o de los padres para llamar en caso de emergencia además de las relaciones mencionadas anteriormente:

Apellido \_\_\_\_\_ Nombre \_\_\_\_\_ Relación \_\_\_\_\_  Teléfono de la casa  Teléfono del trabajo  Celular o buscapersonas (circule uno)  
Custodia Legal / tutela?  Sí  No / NA permiso para recoger?  Sí  No Dirección de correo electrónico: \_\_\_\_\_

Dirección: \_\_\_\_\_  
(opcional)

Apellido \_\_\_\_\_ Nombre \_\_\_\_\_ Relación \_\_\_\_\_  Teléfono de la casa  Teléfono del trabajo  Celular o buscapersonas (circule uno)  
Custodia Legal / tutela?  Sí  No / NA permiso para recoger?  Sí  No Dirección de correo electrónico: \_\_\_\_\_

Dirección: \_\_\_\_\_  
(opcional)

Información Hermanos (en edad escolar):

Apellido	Nombre	Grado	Edad	Escolar Asistir
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Soy el padre / tutor del niño mencionado anteriormente. La información en este formulario es verdadera y exacta a partir de esta fecha. Entiendo que la falsificación de la información de la inscripción para lograr la inscripción o asignación puede ser causa de revocación de la inscripción o de la asignación del estudiante a una escuela en las escuelas públicas del condado de Madison. Yo entiendo que es mi responsabilidad como padre / tutor para mantener esta información actualizada. Doy permiso para que la información en este formulario para ser revisado y utilizado por el personal de esta escuela y el personal del distrito para ayudar en la prestación de servicios de salud escolar, y ser revelada a agencias estatales pertinentes para facilitar el proceso de verificar la elegibilidad médica actual (si es aplicable).

Padre / tutor Fecha \_\_\_\_\_

## DISTRICT SCHOOL BOARD OF MADISON COUNTY EMERGENCY AND HEALTH INFORMATION

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

(If address or phone number changes, please contact school with the new information)

Directions to Home \_\_\_\_\_

	<b>Relationship:</b>	<b>Employer Name, Address &amp; Phone:</b>
Male Head of Household (Last, First, Initial)	<input type="checkbox"/> Parent	_____
	<input type="checkbox"/> Guardian	_____
	<input type="checkbox"/> Other	_____
Female Head of Household (Last, First, Initial)	<input type="checkbox"/> Parent	_____
	<input type="checkbox"/> Guardian	_____
	<input type="checkbox"/> Other	_____

### Person to Contact if Parent Listed Above Cannot Be Reached

Name	Relationship	Phone	Name	Relationship	Phone
_____	_____	_____	_____	_____	_____
Name	Relationship	Phone	Name	Relationship	Phone
_____	_____	_____	_____	_____	_____
Name	Relationship	Phone	Name	Relationship	Phone
_____	_____	_____	_____	_____	_____

Hospital Preference \_\_\_\_\_ School Insurance?  Yes  No Medicaid Number (Required) \_\_\_\_\_ Other Insurance?  Yes  No Kid Care?  Yes  No

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

MEDICATIONS: Is the student taking any regular medication (including over-the-counter medications)?  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication Allergies:  Yes  No (Life Threatening or Non-Severe)

Food Allergies:  Yes  No (Life Threatening or Non-Severe)

\_\_\_\_\_  
 \_\_\_\_\_

Other Allergies:  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

HEALTH PROBLEMS:  History of Asthma  Active Asthma  Diabetes (Type 1 or Type 2)  Seizures  Cardiac Condition  Nosebleeds  Sickle Cell Disease  Sickle Cell Trait  ADD  ADHD  Psychiatric Condition  Kidney Disorders  Autism  Asperger's  Cancer  Migraines

List any others: \_\_\_\_\_

Record any injury or major illness student has had: \_\_\_\_\_

\_\_\_\_\_

Does the child wear glasses?  Yes  No

Does the child wear a hearing aid?  Yes  No

I hereby give consent for my child to receive an EpiPen injection if medically necessary.  Yes  No

**I HEREBY GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING HEALTH SERVICES:**

**SCOLIOSIS SCREENING** (Curvature of the Spine)  
(6<sup>th</sup> & 7<sup>th</sup> Grades)

**PUBERTY CLASSES**  
(5<sup>th</sup> & 6<sup>th</sup> Grade Girls & Boys)

**TOBACCO PREVENTION EDUCATION**  
Prevention Surveys

**NUTRITION CLASSES**  
(Age Appropriate)

**PEDICULOSIS SCREENING** (Head Lice)  
(All Grade Levels)

**HIV/AIDS EDUCATION**  
(K-12<sup>th</sup> Grade Appropriate)

**DENTAL HEALTH CLASSES**  
(Age Appropriate)

**TEEN PREGNANCY PREVENTION EDUC.**  
(Age Appropriate)

**THE FOLLOWING SERVICES ARE DONE ROUTINELY:**

Emergency Medical Care

First Aid

Head Lice Screenings (Targeted Grades)

Hearing & Vision Screening (Targeted Grades)

Weight & Height Screening (Targeted Grades)

Body Mass Index (Targeted Grades)

List any activity in which you do not want your child to participate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent for my child to participate in the School Health Services Program. In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the physician indicated on this form and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary to provide care and treatment of my child. In the case of an accident or illness where immediate treatment of my child is not indicated but where (she)he is unable to remain at school, I request that the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact either me or my spouse, I request that one of the persons listed on this form be contacted and requested to care for my child until I can be reached.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

If my child is Medicaid eligible, I authorize the School District of Madison County, Florida to release and exchange my child's confidential information to agencies of the State of Florida which would allow Madison County Schools to receive Medicaid funding for exceptional student services provided to my child while at school.

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Date

The School Health Program of the Florida Department of Health in Madison County will be billing Medicaid for school clinic services for the school year 2018-2019 to help support the delivery of health care services throughout the district. By signing below, you are giving the School Health Program permission to access your child's public benefits to pay a share of the cost for services provided. At no time will you be required to incur out of pocket expenses for these services regardless of your child's Medicaid eligibility status. Any personally identifiable information about your child will not be disclosed to any other organization for any purpose except what has been noted above.

By signing below you are giving the School Health Program permission to utilize health information on the Emergency Health Form that is required by the Agency for Health Care Administration in order to verify Medicaid eligibility. You have the right to revoke this consent at any time. Failure to provide consent will not affect the health services your child is eligible to receive.

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Date

## DISTRITO JUNTA ESCOLAR DE EMERGENCIA Y SALUD INFORMACIÓN del

Nombre de Estudiante \_\_\_\_\_ Sexo \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_

Grado \_\_\_\_\_ Maestro \_\_\_\_\_ Escuela \_\_\_\_\_

Dirección de Correo \_\_\_\_\_ Teléfono \_\_\_\_\_  
 (Si dirección o número de teléfono cambia, póngase en contacto con la escuela con la nueva información)

Dirección de Casa \_\_\_\_\_

	<b>Relación:</b>	<b>Empleador nombre, Dirección y Teléfono:</b>
_____	<input type="checkbox"/> Padre	_____
Hombre Cabeza de Familia (Apellido, nombre, inicial)	<input type="checkbox"/> Guardián	_____
	<input type="checkbox"/> Otro	_____
_____	<input type="checkbox"/> Padre	_____
Mujer Cabeza de Familia (Apellido, nombre, inicial)	<input type="checkbox"/> Guardián	_____
	<input type="checkbox"/> Otro	_____

### Persona de contacto en caso de Padres lista anterior y no se puede alcanzar

Nombre	Relación	Teléfono	Nombre	Relación	Teléfono
_____	_____	_____	_____	_____	_____
Nombre	Relación	Teléfono	Nombre	Relación	Teléfono
_____	_____	_____	_____	_____	_____
Nombre	Relación	Teléfono	Nombre	Relación	Teléfono

\_\_\_\_\_ Seguro Escolar? Número de Medicaid (Obligatorio) Otro seguro? Cuidado de los niños?  
 Hospital de Preferencia  Sí  No \_\_\_\_\_  Sí  No  Sí  No

Nombre del médico \_\_\_\_\_ Teléfono \_\_\_\_\_ Dentista \_\_\_\_\_

Medicamentos: ¿Es el estudiante tomando ninguna medicación habitual (incluyendo los medicamentos de venta libre)?

Sí  No \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

De alergias a medicamentos:  Sí  No (peligro la vida o no grave)      Alergias alimentarias:  Sí  No (peligro la vida o no grave)

\_\_\_\_\_

\_\_\_\_\_

Otras alergias: c No  Sí

\_\_\_\_\_

\_\_\_\_\_

**PROBLEMAS DE SALUD:**  History del asma El asma  Active  Diabetes (tipo 1 o tipo 2)  Convulsiones  Cardiac Condición  Nosebleeds  Sickle célula  Sickle Enfermedad de células Trait  ADD ADHD  Psiquiátrica Condición c c Cancer  migrañas de riñón Disorders  autismo  Asperger

Liste cualquier otros: \_\_\_\_\_

Registrar cualquier lesión o enfermedad importante estudiante ha tenido: \_\_\_\_\_

\_\_\_\_\_

¿el niño usa lentes?  Sí  No ¿Usa el niño un audífono?  Sí  No

Por presente doy permiso para que mi hijo reciba una inyección EpiPen si es médicamente necesario.  Sí  No

Por presente doy mi consentimiento para que mi hijo participe en los servicios sanitarios SIGUIENTES:

ESCOLIOSIS (curvatura de la columna vertebral)  CLASES PUBERTAD  tabaco y prevención Educación  clases de nutrición  
(6<sup>ta</sup> y 7<sup>ta</sup> grados) 5<sup>ta</sup> y 6<sup>ta</sup> grado Girls & Boys) Las encuestas de prevención (edad apropiada)

PROYECCIÓN pediculosis (piojos de la cabeza)  VIH / SIDA EDUCACIÓN  CLASES salud dental  Embarazo adolescente PREVENCIÓN DE EDUC.  
(Todos los grados) (K-12<sup>o</sup> grado apropiado) (Edad Apropriada) (apropiado para la edad)

LOS SIGUIENTES SERVICIOS se hacen rutinariamente:  
atención médica de emergencia  
de primeros auxilios  
Piojos Proyecciones (Grados focalizados)  
Audífonos y (Grados Targeted) examen de la vista  
Peso y Presentación de la altura (Grados focalizados)  
Índice de masa Corporal (Grados dirigida)

Por la presente doy mi consentimiento para que mi hijo participe en el Programa de Servicios de Salud de la Escuela. En caso de accidente o enfermedad grave, solicito la escuela para ponerse en contacto conmigo. Si la escuela no es capaz de ponerse en contacto conmigo, por la presente autorizo a la escuela para ponerse en contacto con el médico indicado en este formulario y seguir sus instrucciones. Si no es posible ponerse en contacto con este médico, la escuela puede tomar todas las disposiciones necesarias para proporcionar atención y tratamiento de mi hijo. En el caso de un accidente o enfermedad en los que no está indicado el tratamiento inmediato de mi hijo, pero cuando (ella) no es capaz de permanecer en la escuela, solicito que la escuela en contacto conmigo o mi cónyuge de organizar el transporte para mi hijo. Si la escuela no puede ponerse en contacto conmigo o con mi esposo, solicito que una de las personas que figuran en este formulario contactarse y pidió a cuidar a mi hijo hasta que pueda ser localizado.

Padre o tutor Firma

Fecha

Si mi hijo es elegible para Medicaid, autorizo al Distrito Escolar del Condado de Madison, Florida, para la liberación y el intercambio de información confidencial de mi hijo a las agencias del Estado de Florida, lo que permitiría Madison Escuelas del Condado para recibir los fondos de Medicaid para servicios para estudiantes excepcionales a que a mi hijo en el colegio.

Padre o tutor Firma

Fecha

El Programa de Salud Escolar del Departamento de Salud de Florida en el condado de Madison se facturando a Medicaid por servicios de la clínica de la escuela para el año escolar 2017-2018 para ayudar a mantener la prestación de servicios de atención de salud en todo el distrito. Al firmar a continuación, le está dando permiso al Programa de Salud Escolar para acceder a los beneficios públicos de su hijo para pagar una parte del costo de los servicios prestados. En ningún momento le será requerido a incurrir en los gastos de bolsillo para estos servicios independientemente del estado de elegibilidad de Medicaid de su hijo. Cualquier información personalmente identificable sobre su hijo no será compartida con ninguna otra organización para cualquier propósito que no sea lo que se ha señalado anteriormente.

Al firmar a continuación le está dando permiso al Programa de Salud Escolar para utilizar la información de salud en el Formulario de Emergencia de Salud que es requerido por la Agencia para la Administración de la Salud con el fin de verificar la elegibilidad de Medicaid. Usted tiene el derecho de revocar esta autorización en cualquier momento. Si no se proporciona el consentimiento no afectará a los servicios de salud que el niño tiene derecho a recibir.

Padre o tutor Fecha

Fecha

<School Letterhead>

### AUTHORIZATION FOR RELEASE OF INFORMATION

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ STUDENT'S NAME	_____ DATE OF BIRTH	_____ GRADE
_____ STUDENT'S NAME	_____ DATE OF BIRTH	_____ GRADE
_____ STUDENT'S NAME	_____ DATE OF BIRTH	_____ GRADE

- \_\_\_ ACADEMIC RECORDS
- \_\_\_ IMMUNIZATION/HEALTH RECORDS
- \_\_\_ WITHDRAWAL GRADES
- \_\_\_ STANDARDIZED ACHIEVEMENT TEST SCORES
- \_\_\_ PSYCHOLOGICAL REPORTS/RESPONSE TO INTERVENTION DATA
- \_\_\_ ESE STAFFING REPORT/INDIVIDUAL EDUCATION PLAN OR 504 PLAN
- \_\_\_ OTHER

\_\_\_\_\_  
PARENT'S SIGNATURE                      DATE

\_\_\_\_\_  
GUIDANCE SIGNATURE                      DATE

MAIL TO: <SCHOOL NAME>  
          <SCHOOL ADDRESS>  
FAX NUMBER: <SCHOOL FAX #>  
EMAIL: <CONTACT EMAIL>

## AUTORIZACIÓN PARA LA DIVULGACIÓN DE INFORMACIÓN

**A:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NOMBRE DE ESTUDIANTES

\_\_\_\_\_  
FECHA DE NACIMIENTO

\_\_\_\_\_  
GRADO

\_\_\_\_\_  
NOMBRE DE ESTUDIANTES

\_\_\_\_\_  
FECHA DE NACIMIENTO

\_\_\_\_\_  
GRADO

\_\_\_\_\_  
NOMBRE DEL ESTUDIANTE

\_\_\_\_\_  
FECHA DE NACIMIENTO

\_\_\_\_\_  
GRADO

\_\_\_ DE REGISTROS ACADEMIC

\_\_\_ Inmunización / HISTORIAL MÉDICO

\_\_\_ Salida

\_\_\_ RESULTADOS PRUEBA DE APROVECHAMIENTO DE STANDERZ

\_\_\_ LOS INFORMES PSYCHOLOGICAL / RESPUESTA ALDE INTERVENCIÓN DE DATOS

\_\_\_ INFORME ESE PERSONAL / plan de educación individual o plan 504

\_\_\_ Otro

\_\_\_\_\_  
FIRMA DEL PADRE

\_\_\_\_\_  
FECHA

electrónico a: <NOMBRE DE LA ESCUELA>

<dirección de la escuela>

FAX: <FAX ESCUELA #>

CORREO ELECTRÓNICO: <contactos de correo electrónico>

\_\_\_\_\_  
FIRMA DE ORIENTACIÓN

\_\_\_\_\_  
FECHA

# Madison County District Schools Student Residency Questionnaire

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Date: \_\_\_\_\_

Your child/children may be eligible for additional educational services through Title I Part A, Title IX, Part A (formerly known as Title X Part C) Federal McKinney-Vento Homeless Assistance Act. Please answer the following questions to determine eligibility: **If you and/or your family are presently living in one of the following situations:**

- My Family lives in an emergency or transitional shelter or FEMA trailer. (A)
- My family is living with **another family due** to loss of housing, economic hardship or a similar reason; doubled up (B)
- My family is living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings. (D)
- My family lives in a hotel or motel. (E)
- A child/youth in my home is not in the physical custody of a parent or a guardian. (Unaccompanied Youth) (Y)



## IF YOU ARE NOT LIVING IN ONE OF THE SITUATIONS ABOVE, STOP HERE!



Please provide the following information of ALL school-age children in your home.

Student Name	Grade	Date of Birth	School

Have you moved in the past 3 years to seek work in pine straw, farming, dairy, chickens, or other?  Yes  No

Are there any siblings 0-4 years old living in the home?  Yes  No

**IF YOU MARKED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE INDICATE THE CAUSE BY PLACING AN "X" IN THE APPROPRIATE BOX.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Mortgage Foreclosure (M)            | <input type="checkbox"/> Natural Disaster—Flooding (F)  | <input type="checkbox"/> Natural Disaster—Wildfire or Fire (F)   |
| <input type="checkbox"/> Natural Disaster—Tropical Storm (S) | <input type="checkbox"/> Natural Disaster—Tornado (T)   | <input type="checkbox"/> Other (i.e. lack of affordable housing, long-term poverty, unemployment or underemployment, lack of affordable health care, mental illness, domestic violence, forced eviction, etc.) (O) |
| <input type="checkbox"/> Man-made Disaster (major) D         | <input type="checkbox"/> Natural Disaster—Hurricane (H) |  |

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Living With: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Contact Number: \_\_\_\_\_

**\*\*Return form to Jennifer Williams\*\***  
 For more information, please contact Jennifer Williams at 850-973-1542 (Jennifer.williams@madison.k12.fl.us)



**SCHOOL USE ONLY**

I certify the above named student qualifies for the Student in Transition Program under the provisions of the McKinney-Vento Act and as such is qualified for the Free Lunch Program under the provision of the McKinney-Vento Act.

\_\_\_\_\_  
Federal Programs Coordinator

\_\_\_\_\_  
Date

**Students in Transition Liaison Use Only:**

- Focus Data Entry
- School Liaison Contact
- Food Service Contact

**2018-2019**  
**Madison County School District**  
**McKinney-Vento Homeless Education**  
**Needs Assessment/ Referral Form**

Student Name: \_\_\_\_\_

MCCS    MCHS    LES    GES    PES    EXCEL    JMPHS

M    F      Grade: \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Contact Phone numbers: \_\_\_\_\_

**Asst. w/Enrollment Documentation**

- Birth Certificates    School Records  
 Immunizations

**School Clothing Only**

**School Supplies**

**School Related Counseling**

**Free Lunch**

**Academic Subject Assistance**

- Social Studies  
 Science  
 English/Language Arts  
     Reading  
     Writing  
     Grammar/Spelling  
 Math  
  
 ESE/ELL Services

**Referrals to Community Agencies/Resources**

- Clothing**                      Size \_\_\_\_\_  
     Pants/ Short \_\_\_\_\_  
     Shirt \_\_\_\_\_  
 Food  
 Mental Health Services  
 Medical Services  
 Dental Services  
 Other

District or School Office Use Only

<u>Date</u>	<u>Service</u>	<u>Referred to</u>	<u>Received by</u>	<u>Referred by</u>

**Notes:**

Please send a copy of this form completed to Nicolas Gonzalez, Program Specialist anytime a service for a child is provided.

# District School Board of Madison County Occupational Survey

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Birthdate

\_\_\_\_\_  
Child's Grade

Child's School     MCCS     MCHS     LES     GES     PES     EXCEL     JMPHS     MCAA

This school system is interested in providing help to children whose family has had to move from one school district to another so a member of the family could work/seek work in certain kinds of jobs. Please assist us in finding out which children we will be able to serve in this special project by filling out one of these forms.

Present Occupation: \_\_\_\_\_

Have you or anyone in your family crossed state or county lines to work or seek work in one of the following occupations, either full-time or part-time during the last three years?

**Yes   No            Occupation or Type of Work**

- Farming** (plowing, planting, cultivating, harvesting, and process of farm crops)
- Dairy Work**
- Livestock Work** (hoofing, cutting, branding, feeding and rounding up)
- Poultry or Egg Work**
- Planting, Growing or Harvesting of Trees**
- Commercial Fishing** (fresh/saltwater, crabbing, and shrimping)
- Working on a Fish Farm**
- Processing or Hauling of Farm/Fish Products**

If you marked yes in any category above, please continue on and answer the question below. If you checked No to all items, you may stop at this point.

Did your child(ren) move with you?     Yes     No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Work Phone Number

Parents: Please return to your child's school.  
School Sites—Please return to: Nicolas Gonzalez at MCCS or District Office

Updated 03/2015

# Madison County District Schools Información de Residencia del Alumno

Nombre del estudiante \_\_\_\_\_ Grado: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Fecha: \_\_\_\_\_

Su niño / niños puede ser elegible para los servicios educativos adicionales a través de Título I de la Parte A, Ley de Título IX, Parte A (anteriormente conocido como Título X Parte C) Federal McKinney-Vento Homeless Assistance Act. Por favor conteste las siguientes preguntas para determinar la elegibilidad: **Si usted y / o su familia están actualmente viviendo en una de las siguientes situaciones:**

- Mi familia vive en un albergue de emergencia o transición o en un tráiler FEMA. (A)
- Mi familia está compartiendo la casa de **otras personas** porque perdimos nuestra casa, por dificultades económicas o por
- Mi familia está viviendo en un automóvil, parque, parque temporal de tráilers o campamento debido a la falta de otra alternativa adecuada de alojamiento, espacio público, edificio abandonado, albergue de bajo nivel, estación de autobuses o trenes, espacio público o privado no designado para o usado generalmente como un lugar para dormir para seres humanos o
- Mi familia vive en un hotel o motel. (E)
- Un niño/joven en mi hogar está esperando una plaza de custodia adoptiva. (F)
- Un niño/joven en mi casa es un joven no acompañado (joven que no está en custodia física de un padre o tutor).



## SI NO VIVE EN UNA DE LAS SITUACIONES DE ARRIBA, PARE AQUÍ!



Por favor proporcione la siguiente información de todos los niños en edad escolar en su hogar.

Nombre Del Estudiante	Grado:	Fecha de nacimiento	Escuela

¿Se ha mudado en los últimos 3 años para buscar trabajo en paja de pino, la agricultura, lecherías, grajas de pollos, y otro?  SI  No

¿Hay hermanos que viven en el hogar 0-4 años de edad?  SI  No

**SI MARCO SÍ A CUALQUIERA DE LAS PREGUNTAS ANTERIORES, POR FAVOR INDIQUE LA CAUSA POR HACER UN "X" EN LA CASILLA CORRESPONDIENTE.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Exclusión Hipotecaria (M)                     | <input type="checkbox"/> Desastre Natural-Inundación (F) | <input type="checkbox"/> Desastre Natural-Fuego o Incendio (F)  |
| <input type="checkbox"/> Desastre Natural -Tormenta Tropical (S)       | <input type="checkbox"/> Desastre Natural-Tornado (T)    | <input type="checkbox"/> Otro – es decir, falta de vivienda costeable, pobreza a largo plazo, desempleo o subempleo, falta de atención médica costeable, enfermedad mental, violencia doméstica, desalojamiento forzado, etc. (O) |
| <input type="checkbox"/> Desastre Causado por el Hombre (Importante) D | <input type="checkbox"/> Desastre Natural-Huracán (H)    |   |

Nombre del Padre o Tutor (letra de molde): \_\_\_\_\_

Relación con el estudiante: \_\_\_\_\_

Dirección Postal: \_\_\_\_\_

Calle (Ubicación de la casa): \_\_\_\_\_

Firma del Padre / Tutor \_\_\_\_\_

Número De Contacto: \_\_\_\_\_

**\*\* Formulario Volver a Paula Ginn o Mimi Replogle \*\***

Para obtener más información, póngase en contacto con Kathy Smith al 850-973-1526 (Kathy.smith@madison.k12.fl.us) o Nicolas Gonzalez al 850-973-5013 (Nicolas.gonzalez@madison.k12.fl.us)

# SCHOOL USE ONLY/USO DE LA ESCUELA

I certify the above named student qualifies for the Student in Transition Program under the provisions of the McKinney-Vento Act and as such is qualified for the Free Lunch Program under the provision of the McKinney-Vento Act.

\_\_\_\_\_  
Federal Programs Coordinator

\_\_\_\_\_  
Date

**Students in Transition Liaison Use Only:**

- Focus Data Entry
- School Liaison Contact
- Food Service Contact
- Teacher Contact

**2018-2019**  
**Distrito Escolar del Condado de Madison**  
**Educación sin Hogar McKinney-Vento**  
**Publicado recursos**

Nombre Del Estudiante : \_\_\_\_\_

MCCS    MCHS    LES    GES    PES    EXCEL    JMPHS

M    F      Grado: \_\_\_\_\_      Fecha de nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_

Padre / Tutor \_\_\_\_\_

Los teléfonos de contacto : \_\_\_\_\_

**Asistente. w Documentación / Inscripción**

- Certificados de nacimiento
- Registro de vacunas
- Registros escolares

**Repa de la Escuela**

**Suministros de la Escuela**

**Consejería Escolar Relacionados**

**Alimentos gratis**

**Asunto Asistencia Académica**

- Estudios Sociales
- Ciencia
- Inglés/Artes Del Lenguaje
  - Lectura
  - Escritura
  - Gramática / ortografía
- Matemáticas
- Evaluaciones

**Servicios de ESE / ELL / ESOL**

**Las remisiones a agencias comunitarias**

**Ropa**      **Tamaño**

- Pantalón / Pantalones cortos      \_\_\_\_\_
- Camisa      \_\_\_\_\_

**Comida**

**Servicios de Salud Mental**

**Servicios Médicos**

**Servicios Dentales**

**Otro**

**District or School Office Use Only**

<u>Date</u>	<u>Service</u>	<u>Referred to</u>	<u>Received by</u>	<u>Referred by</u>

**Notes:**

**Junta del Distrito Escolar del Condado de Madison  
Encuesta Ocupacional**

Nombre del Padre o Tutor \_\_\_\_\_

El nombre del niño \_\_\_\_\_ Fecha de nacimiento del niño \_\_\_\_\_ Grado del niño \_\_\_\_\_

Escuela del Niño  MCCS  MCHS  LES  GES  PES  EXCEL  JMPHS  MCAA

Este sistema de la escuela está interesada en la prestación de ayuda a los niños y familia que ha tenido que pasar de un distrito escolar a otro por lo que un miembro de la familia puede trabajar / buscar trabajo en ciertos tipos de puestos de trabajo. Por favor ayúdenos en conocer cual son los niños que vamos a poder servir en este proyecto especial completando una de estas formas.

Ocupación Actual : \_\_\_\_\_

¿Usted o alguien en su familia cruzaron las fronteras estatales o del condado para trabajar o buscar trabajo en una de las siguientes ocupaciones, ya sea a tiempo completo oa tiempo parcial durante los últimos tres años?

- | <u>Sí</u>                | <u>No</u>                | <u>Profesión o Tipo de Trabajo</u>   |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Agricultura</b> (arado, la siembra, el cultivo, la cosecha, y el proceso de los cultivos agrícolas) |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Trabajo lácteos</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Trabajo Ganadero</b> (hoofing, el corte, la marca, la alimentación y el redondeo)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Las aves de corral o huevos Trabajo</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Plantar, Crecer o recolección de árboles</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Pesca comercial</b> (fresco / agua salada, pesca de cangrejos y camarón)                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Trabajo en una piscifactoría</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Procesamiento o Acarreo de Granja / Productos de Pescado</b>  |

**Si marcó sí en cualquiera de las categorías anteriores, por favor, seguir adelante y responder a la pregunta de abajo. Si marcó No a todos los elementos, puede detenerse en este punto.**

¿Su hijo (a) se mueven con usted?  **Sí**  **No**

\_\_\_\_\_  
Firma del Padre / Tutor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Dirección

\_\_\_\_\_  
Número De Teléfono De Casa

\_\_\_\_\_  
Número Celular

\_\_\_\_\_  
Número de teléfono del trabajo



# Appendix C

# District School Board of Madison County

Dr. Karen Todd Pickles  
*Superintendent*  
Karen.Pickles@mcsbfl.us

210 NE Duval Avenue  
Madison, Florida 32340  
Main: 850/973-5022 or Fax: 850/973-5027  
www.madison.k12.fl.us  
*An Equal Opportunity Employer*



February 20, 2019

Bureau of Achievement through Language Acquisition  
Mr. Chane Eplin, Bureau Chief  
325 West Gaines Street  
Turlington Building, Room 444  
Tallahassee, Florida 32399

Bureau Chief Eplin:

Please accept this letter as assurance that Madison County School District is in compliance with all ESOL training requirements.

Sincerely,

Dr. Karen Pickles  
Superintendent of Schools  
Madison County School District