

Exit/Monitor Status Documentation

(for Students meeting qualifications to exit EL Services)

This form should be completed by the individual responsible for exiting and monitoring the individual student.

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

EL EXIT INFORMATION				
EXIT Eligibility Date				
To be eligible for exit from EL status, students must earn a 4 or 5 on the Reading, Writing, and Overall on the LAS Links assessment. Criteria determining exit from EL status (scores from the ELPT):				
		Date of test:		
LISTENING	SPEAKING	READING*	WRITING*	OVERALL*

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

By signing this form, I am indicating that I have read and understood the Language Service Plan information.

<hr/> PRINCIPAL Signature	<hr/> PARENT/STUDENT Signature
<hr/> PRINTED NAME	<hr/> PRINTED NAME

<hr/> PRINCIPAL Signature	<hr/> PARENT/STUDENT SIGNATURE
<hr/> PRINTED NAME	<hr/> PRINTED NAME

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(for Students meeting qualifications to exit EL Services)

MONITORING, continued									
Start Date				Date of Parent Notification				Expected date for CONCLUSION OF MONITOR STATUS <i>(Minimum of 4 years)</i>	
REPORT CARD AND STATE ASSESSMENT RESULTS									
YEAR 3					YEAR 4				
Grade level:		School Name:			Grade level:		School Name:		
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4
ELA					ELA				
Math					Math				
Science					Science				
Social Studies					Social Studies				
Other					Other				
Other					Other				
State Assessment Results:					State Assessment Results:				
Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No				

If the information on this form indicates that the former EL student is struggling, indicate steps that will be taken to support the student and the results:

- ☐ Student was referred for intervention services (appropriate documentation must be completed)
- ☐ Student was referred for Counseling
- ☐ Student was referred for rescreening for EL services. In order for students to be re-entered in the EL program, they must retake the LAS Links placement test and meet qualifications. **(This should only be done if language is considered the primary cause for academic struggles.)**

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