

**HOLMES COUNTY SCHOOL DISTRICT
PROGRAMMATIC ASSESSMENT
STUDENT ELL ELIGIBILITY FORM**

STUDENT NAME: _____ STUDENT ID: _____ GRADE: _____
DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____
SCHOOL NAME: _____ LANGUAGE SPOKEN AT HOME: _____
DEUSS: _____ HOME LANGUAGE SURVEY DATE: _____

The ESOL Consent Decree requires that a programmatic assessment be conducted for any student who answered "Yes" on the Home Language Survey to ensure appropriate academic placement. Please document all steps taken to determine the academic level of the student registering, regardless of student's English proficiency.

Place a checkmark by the item(s) used to determine the student's appropriate academic placement.

- ___ 1. Age Appropriateness

- ___ 2. Interviewed Parents/Student to Determine the Subject Area Competencies.
Last Grade Completed ____.

- ___ 3. Reviewed Student's Cumulative Folder. This Review Included:
 - ___ Previous School Records
 - ___ Transcripts
 - ___ Standardized and/or Criterion Referenced Tests
 - ___ Retention: Grade Level: ____
 - ___ Special Programs: _____
 - ___ No Previous School Records Available
 - ___ Psychological/Social Work Reports
 - ___ Other: _____

- ___ 4. Academic Assessment
 - ___ Teacher Observations
 - ___ District/State Assessments
 - ___ Other: _____

___ NOT ELIGIBLE FOR ESOL SERVICES
___ ELIGIBLE FOR ESOL SERVICES

This Programmatic Assessment was conducted by:

NAME: _____ DATE: _____
School ESOL Representative
Name: _____ DATE: _____
District ESOL Representative

**HOLMES COUNTY SCHOOL DISTRICT
ANNUAL ELL PLAN
(MAY BE SUPPLEMENTED BY 504 OR IEP)**

Student Name: _____ Date: _____

Basis of Placement as ELL:

_____ District Screener/Assessment _____
Name of Screener

Score: Listening: _____ Speaking: _____ Reading: _____ Writing: _____

_____ WIDA or Other State Assessment Scores:

Score: Listening: _____ Speaking: _____ Reading: _____ Writing: _____ Overall: _____

_____ (See Attached)

_____ Parent/LEP Committee Determination

INTERVENTION FOR INSTRUCTION: (Check all that apply)

_____ ESOL Assistance _____ 504 _____ I.E.P. _____ Other:

ESOL STUDENT SCHEDULE:

- I. For Elementary Schools: Complete the Following Chart
- II. For Secondary Schools: Print Out Student Schedule – Semesters One and Two – Attach to Student Plan

ESOL YEAR 1	ESOL YEAR 2	ESOL YEAR 3	ESOL YEAR 4	ESOL YEAR 5	ESOL YEAR 6
Grade:	Grade:	Grade:	Grade:	Grade:	Grade:
Schedule:	Schedule:	Schedule:	Schedule:	Schedule:	Schedule:

School ELL Representative

Classroom Teacher

Parent/Guardian

District ELL Representative

Translator

Student

**HOLMES COUNTY SCHOOL DISTRICT
ENGLISH LANGUAGE LEARNER (ELL) PLAN
AND
YEARLY CONTINUATION OF SERVICES**

STUDENT NAME:	STUDENT ID:	INITIAL ENTRY DATE (DEUSS):
		INITIAL ENTRY DATE FOR HDS:

ELL PLAN MEETING YEAR 1:

Holmes County School District

DATE: ___/___/___

Type of meeting (Circle All That Apply)	Yearly Plan	Extension of Services	Exit	Reclassification
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NOTES:

Signature of ESOL School Representative

Signature of Parent/Guardian

Signature of ESOL District Representative

Signature of Teacher

Notes:

**HOLMES COUNTY SCHOOL DISTRICT
ENGLISH LANGUAGE LEARNER (ELL) PLAN
AND
YEARLY CONTINUATION OF SERVICES**

STUDENT NAME:	STUDENT ID:	INITIAL ENTRY DATE (DEUSS):
		INITIAL ENTRY DATE FOR HDS:

ELL PLAN MEETING YEAR 2: Holmes County School District **DATE:** ___/___/___

Type of meeting (Circle All That Apply)	Yearly Plan	Extension of Services	Exit	Reclassification
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NOTES:

Signature of ESOL School Representative

Signature of Parent/Guardian

Signature of ESOL District Representative

Signature of Teacher

Notes: _____

**HOLMES COUNTY SCHOOL DISTRICT
ENGLISH LANGUAGE LEARNER (ELL) PLAN
AND
YEARLY CONTINUATION OF SERVICES**

STUDENT NAME:	STUDENT ID:	INITIAL ENTRY DATE (DEUSS):
		INITIAL ENTRY DATE FOR HDS:

ELL PLAN MEETING YEAR 3:

Holmes County School District

DATE: ___/___/___

Type of meeting (Circle All That Apply)	Yearly Plan	Extension of Services	Exit	Reclassification
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NOTES:

Signature of ESOL School Representative

Signature of Parent/Guardian

Signature of ESOL District Representative

Signature of Teacher

Notes: _____

**HOLMES COUNTY SCHOOL DISTRICT
ENGLISH LANGUAGE LEARNER (ELL) PLAN
AND
YEARLY CONTINUATION OF SERVICES**

STUDENT NAME:	STUDENT ID:	INITIAL ENTRY DATE (DEUSS):
		INITIAL ENTRY DATE FOR HDS:

ELL PLAN MEETING YEAR 4:

Holmes County School District

DATE: ___/___/___

Type of meeting (Circle All That Apply)	Yearly Plan	Extension of Services	Exit	Reclassification
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NOTES:

Signature of ESOL School Representative

Signature of Parent/Guardian

Signature of ESOL District Representative

Signature of Teacher

Notes:

**HOLMES COUNTY SCHOOL DISTRICT
ENGLISH LANGUAGE LEARNER (ELL) PLAN
AND
YEARLY CONTINUATION OF SERVICES**

STUDENT NAME:	STUDENT ID:	INITIAL ENTRY DATE (DEUSS):
		INITIAL ENTRY DATE FOR HDS:

ELL PLAN MEETING YEAR 5:

Holmes County School District

DATE: ___/___/___

Type of meeting (Circle All That Apply)	Yearly Plan	Extension of Services	Exit	Reclassification
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NOTES:

Signature of ESOL School Representative

Signature of Parent/Guardian

Signature of ESOL District Representative

Signature of Teacher

Notes: _____

**HOLMES COUNTY SCHOOL DISTRICT
ENGLISH LANGUAGE LEARNER (ELL) PLAN
AND
YEARLY CONTINUATION OF SERVICES**

STUDENT NAME:	STUDENT ID:	INITIAL ENTRY DATE (DEUSS):
		INITIAL ENTRY DATE FOR HDS:

ELL PLAN MEETING YEAR 6:

Holmes County School District

DATE: ___/___/___

Type of meeting (Circle All That Apply)	Yearly Plan	Extension of Services	Exit	Reclassification
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NOTES:

Signature of ESOL School Representative

Signature of Parent/Guardian

Signature of ESOL District Representative

Signature of Teacher

Notes: _____

**HOLMES COUNTY SCHOOL DISTRICT
NOTIFICATION OF CONTINUATION OF ESOL SERVICES
PARENT/GUARDIAN**

Student Name _____ Date _____

Student ID _____ School Name _____ Grade _____

To the Parents/Guardians of _____

This letter is to inform you that your child will continue in the ESOL Program at their current school. Your child's test scores were used to determine his/her English proficiency. The goal of the ESOL Program is to help your child acquire English proficiency to meet appropriate academic achievement standards for grade promotion and graduation. The teacher(s) ensures that your child will receive appropriate strategies and/or instructional model to meet his/her academic needs. In addition, your child will receive appropriate statewide accommodations in the classroom and on the statewide assessments. If your child has additional interventions and/or an Individual Educational Plan (IEP), ESOL services will be included in that plan. Your child will participate in the ESOL Program until he/she meets the established State exit criteria. An English Language Learner Student Continuation Education Plan has been developed for your child.

Please contact the school if you have any questions or concerns about your child's ELL Plan.

Name of School ESOL Contact _____ Phone Number _____

<p>Statewide and Assessment Accommodations:</p> <p><input type="checkbox"/> Flexible Setting</p> <p><input type="checkbox"/> Flexible Time</p> <p><input type="checkbox"/> Flexible Schedule</p> <p><input type="checkbox"/> Use of Word-To-Word Bilingual Dictionary</p> <p><input type="checkbox"/> Other (See Attached)</p>	<p>Instructional Model:</p> <p><input type="checkbox"/> Mainstream/Inclusion (Classroom Teacher provides Accommodations and Utilizes instructional strategies to teach the English language.)</p> <p><input type="checkbox"/> Additional Support</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Specify</p>	<p>Test Scores: See Attached</p> <p><input type="checkbox"/> WIDA – ACCESS 2.0</p> <p><input type="checkbox"/> FSA</p> <p><input type="checkbox"/> Other</p>
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Print Name of District Administrator/Designee

Signature of District Administrator/Designee

HOLMES COUNTY SCHOOL DISTRICT

ELL COMMITTEE FOR REEVALUATION AND EXTENSION OF SERVICES

PAGE ONE

Student Name _____ Date _____

Student ID _____ School Name _____ Grade _____

**Reevaluation must take place on the third anniversary of the entry date and annually thereafter. This completed form must be placed in the student's ELL folder.*

THE FOLLOWING DOCUMENTS ARE ATTACHED

<input type="checkbox"/> Report Card (Prior to Extension)	<input type="checkbox"/> WIDA – ACCESS 2.0 Scores
<input type="checkbox"/> FSA Scores	<input type="checkbox"/> Parental Participation Form

Test Name	W-APT LISTENING	W-APT SPEAKING	W-APT READING/ Writing	WIDA LISTENING	WIDA SPEAKING	WIDA READING	WIDA WRITING	WIDA OVERALL SCORE	FSA READ/LANG
Test Date									
Score									
Proficiency Level									

ELL COMMITTEE RECOMMENDATION(S):

_____ Student Name	will remain in the mainstream/inclusion classroom. The ELL accommodations and instructional strategies noted in the ELL Plan will be utilized to teach the English Language.
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MEETING NOTES:

HOLMES COUNTY SCHOOL DISTRICT ELL COMMITTEE FOR REEVALUATION AND EXTENSION OF SERVICES

PAGE TWO

Student Name _____ Date _____

Student ID _____ School Name _____ Grade _____

<p>Statewide and Assessment Accommodations:</p> <p><input type="checkbox"/> Flexible Setting</p> <p><input type="checkbox"/> Flexible Time</p> <p><input type="checkbox"/> Flexible Schedule</p> <p><input type="checkbox"/> Use of Word-To-Word Bilingual Dictionary</p> <p><input type="checkbox"/> Other (See Accommodations Page)</p> <p>Student receives services from other program(s):</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes _____ Specify</p> <p>Schools must provide students with a word-to-word bilingual dictionary throughout the school year, and one must be made available in every class.</p>	<p>Instructional Model:</p> <p><input type="checkbox"/> Mainstream/Inclusion (Classroom teacher provides Accommodations and utilizes instructional strategies to teach the English Language.)</p> <p><input type="checkbox"/> Additional Support _____ Specify</p> <p>FTE Summary Schedule:</p> <p><input type="checkbox"/> 1st Semester (K-12) Schedule Attached</p> <p><input type="checkbox"/> 2nd Semester (6-12) Schedule Attached</p>
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A minimum of three Committee member signatures in attendance are required – Also, Parent/Guardian if possible.

<i>Print Name of School ESOL Contact</i>	<i>Signature of School ESOL Contact</i>	<i>Date</i>
<i>Print Name of District Administrator/Designee</i>	<i>Signature of District Administrator/Designee</i>	<i>Date</i>
<i>Print Name of Parent/Guardian</i>	<i>Signature of Parent/Guardian</i>	<i>Date</i>
<i>Print Name of Teacher</i>	<i>Signature of Teacher</i>	<i>Date</i>
<i>Print Name of Other Participant</i>	<i>Signature of Other Participant</i>	<i>Date</i>

HOLMES COUNTY SCHOOL DISTRICT ACCOMMODATIONS PAGE

Student Name: _____ Date: _____

____ Flexible Setting (Allowable for State Assessments)

____ Flexible Timing (Allowable for State Assessments)

____ Flexible Scheduling (Allowable for State Assessments)

____ Use of Word-To-Word Bilingual Dictionary (Allowable for State Assessments)

____ Individual Instruction

____ Vary Method of Instruction

____ Content Adaptation

____ Comprehension Checks (role play, illustrations, reading logs, story summaries, cloze exercise, experiments, etc.)

____ Study Skills –timelines, highlighting, mapping/flow charts, problem solving, venn diagrams, underlining, graphing

____ Adapts Instructional Program by: concrete first, then abstract, relating to student’s experiences, use of visual representation, reducing non-essential details, checking word choice and sentence order, developing background knowledge, using media materials, manipulatives, use of pre-reading activities

____ Thinking Skills – predicting, sequencing, observing, questioning and reporting, categorizing, classifying, summarizing (oral, written, pictorial)

____ Writes instructions and problems using shorter and less complex sentence structure

____ Explain special vocabulary terms in words known to student, provides pictures, gestures and realia to illustrate new words and terms

____ Utilizes instructional approaches to address language learning styles by: thematic approach, semantic webbing, illustrations, maps, student experiences, use of realia, small groups, pair work, cooperative learning, learning centers

____ Other:

**HOLMES COUNTY SCHOOL DISTRICT
ENGLISH LANGUAGE LEARNER COMMITTEE MEETING
PARENT INVITATION**

STUDENT NAME:	SCHOOL:	DATE:
STUDENT ID:	PHONE NUMBER:	GRADE:

An LEP Committee meeting has been scheduled to discuss information regarding your child's English language proficiency, academic progress, and the appropriate educational program for your child.

It is important that you attend and participate in making the educational decisions for your child. If you are unable to attend, you will be notified of the Committee's recommendations.

Do not hesitate to call the school if you have any questions.

PURPOSE OF THE MEETING:

THE MEETING IS SCHEDULED ON:

Date: ____/____/____

Time: ____:____ a.m. p.m.

Location: _____

ESOL Contact: _____

Invitation By Phone:	Date: ____/____/____
School Personnel Making Call:	_____
Parent Will Attend:	____ Yes ____ No

**DISTRITO ESCOLAR DEL CONDADO DE HOLMES
REUNIÓN DEL COMITÉ DE ESTUDIANTES DE IDIOMAS INGLÉS
INVITACIÓN DE PADRES**

NOMBRE DEL ESTUDIANTE:	COLEGIO:	FECHA:
IDENTIFICACIÓN DEL ESTUDIANTE:	NÚMERO DE TELÉFONO:	GRADO:

Se ha programado una reunión del Comité LEP para analizar información sobre el dominio del idioma inglés de su hijo, el progreso académico y el programa educativo apropiado para su hijo.

Es importante que asista y participe en la toma de decisiones educativas para su hijo. Si no puede asistir, se le notificarán las recomendaciones del Comité.

No dude en llamar a la escuela si tiene alguna pregunta.

PROPÓSITO DE LA REUNIÓN:

LA REUNIÓN ESTA PROGRAMADA SOBRE:

Fecha: ____/____/____

Hora: ____:____ a.m. p.m.

Ubicación: _____

Contacto de ESOL: _____

Invitation By Phone:	Date: ____/____/____
School Personnel Making Call: _____	
Parent Will Attend:	____ Yes ____ No

HOLMES COUNTY SCHOOL DISTRICT
DOCUMENT RELATING TO PARENTAL INPUT AND MEETINGS

Student Name: _____ **Student ID#:** _____

Meeting Date: _____ **Type of Meeting:** _____

Dear Parent, Surrogate Parent, Guardian, or Adult Student:

Today a meeting was held regarding your child, or on your behalf if you are an adult student.

Section 1002.20, Florida Statutes, K-12 student and parent rights, has been changed to state that school district personnel may not, through any actions taken or statements made, object, discourage, or attempt to discourage the attendance of an adult of the parent's choice at meetings with school district personnel. Actions that are prohibited include attempted or actual coercion or harassment, or retaliation or threats of consequence.

At the conclusion of a meeting with school district personnel, parents and school district personnel must be asked to sign a form that documents whether school district personnel have prohibited, discouraged, or attempted to discourage you from inviting a person of choice to the meeting.

Parents, surrogate parents, guardians or adult student attending today's meeting – Please complete the following:

<input type="checkbox"/>	School personnel have not prohibited, discouraged, or attempted to discourage me from inviting a person of my choice to today's meeting.
<input type="checkbox"/>	School personnel have prohibited, discouraged, or attempted to discourage me from inviting a person of my choice to today's meeting.
Signature: _____ Date: _____	

School district personnel attending today's meeting – Please complete the following:

<input type="checkbox"/>	School personnel have not prohibited, discouraged, or attempted to discourage the parent from inviting a person of choice to today's meeting.	
_____	_____	_____
_____	_____	_____
<input type="checkbox"/>	School personnel have prohibited, discouraged, or attempted to discourage the parent, surrogate parent, guardian, or adult student from inviting a person of choice to today's meeting.	
_____	_____	_____
_____	_____	_____