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| **APPENDIX B** | | | | **Language Service Plan *(for Students with Limited English Proficiency)*** | | | | | | | | |
| This form should be completed by the individual responsible for providing the instructional program for the EL students and the classroom teacher. This form should be updated annually. **Person completing this form** | | | | | | | | | | | | |
| **STUDENT NAME** | | | | |  | | | | | | | |
| **PRIMARY LANGUAGE SPOKEN** | | |  | | | | | | **LANGUAGE(S) SPOKEN IN HOME** |  | | |
| **ADDITIONAL**  **LANGUAGE(S)** | |  | | | | | **DATE FIRST ENROLLED IN A U.S. SCHOOL** | |  | **IMMIGRANT STATUS** (< 3 yrs) | |  |
| **PARENT/GUARDIAN NAME** | | | | | |  | | | | | | |
| **PHONE** | (home) | | | | | | | (work) | | | (cell) | |
| **HOME/SCHOOL COMMUNICATION** to parent/guardian is requested in: | | | | | | | | English **OR**  Native Language:  Oral **OR**  Written | | | | |

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| **ACADEMIC HISTORY PRIOR TO ENTERING CURRENT DISTRICT** | | | | | | | | | | | | | | |
| Age Started School |  | | | Years in Preschool/K | | |  | Years in grades 1-5 | |  | | Years in grades 6-12 | |  |
| Last grade completed | |  | | | Interrupted Formal Education  Limited Schooling  No Formal schooling | | | | | | | | | |
| Has the student been referred for Special Education? | | | Yes  No | | | Does the child have an IEP? | | | Yes  No | | Does the child have a 504 Plan? | | Yes  No | |

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| **ACADEMIC ACHIEVEMENT LEVEL HISTORY** | | | | |
| **SUBJECT** | **BELOW  GRADE LEVEL** | **ON OR ABOVE GRADE LEVEL** | **METHOD USED  TO DETERMINE LEVEL** | **INFORMATION NOT AVAILABLE** |
| *Example: Math* | *X* |  | *Course grade from previous year (D)* |  |
| Math |  |  |  |  |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Social Studies |  |  |  |  |
| Science |  |  |  |  |
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| **ENGLISH LANGUAGE PROFICIENCY TEST INFORMATION** | | | | | | | | | | | | | | | |
| **TEST** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** | **Date** | **Score** | **Level** |
| ELPT  Speaking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELPT  Listening |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELPT  Reading |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ELPT  Writing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Composite**  **SCORE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Copy this page and attach it if space is needed to post additional ELPT scores for Long Term English Learners.**

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| **APPENDIX B (continued)** | **Language Service Plan *(for Students with Limited English Proficiency)*** |

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| **EL SERVICE** | | | | | |
| Date Identified EL Program: | | Date Entered EL Program: | | | |
| Student will receive Direct EL Services for **Minutes       Days a week** | | | | | |
| Student will be placed in an EL Class for one Credit *(Grades 7-12 only)* **Year:       Semester:** | | | | | |
| Parents Declined Services (school is still obligated to serve) | | | Comments: |  | |
| Number of years until the student is identified as a Long Term English Learner (LTEL): | | | | | |
| List specific measurable goals for each domain (Listening, Speaking, Reading, and Writing): | | | | | |
| **LISTENING** | **SPEAKING** | **READING** | | | **WRITING** |
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| **STANDARDIZED TESTING ACCOMMODATIONS** | | |
| Refer to the current edition of the [Mississippi Testing Accommodations Manual](http://www.mde.k12.ms.us/docs/student-assessment/2017-mississippi-testing-accomodations-manual_20171005.pdf?sfvrsn=2) for the allowable accommodations for each assessment. Specify each testing accommodation, the code for the accommodation, and each standardized test to which the accommodation applies. NOTE: The accommodations listed below must be used during regular classroom assessments and on district wide assessments prior to being used on state wide assessments. | | |
| **ACCOMMODATION(S)** | **CODE #** | **TEST(S)** |
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| **APPENDIX B (continued)** | **Language Service Plan *(for Students with Limited English Proficiency)*** |

All testing accommodations are classroom accommodations, however not all classroom accommodations are state testing accommodations.

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| **CLASSROOM INSTRUCTIONAL SUPPORTS AND ACCOMMODATIONS/MODIFICATIONS** | |
| To meet the needs of this child, the following are recommendations for use in regular classroom instruction: | |
| Paraphrasing or repeating directions in English  Personal cueing  Read the test directions (but not the test items) to individual students or in a small group – repeating and/or paraphrasing the directions, if needed  Dictation of answers to test administrator/proctor (scribe) in English only  Reader (oral administration)  Native language word-to-word dictionaries/electronic word-to-word dictionaries (no definitions)  Present questions in same phrasing as learning/review  Reduced and/or modified class & homework assignments  Modified assessments (i.e. oral)  Break tasks/directions into subtasks  Increase wait time  Additional time to complete assignments and tests  ESS (Extended School Services)  Provide questions for classroom discussion in advance  Label items in the room  Previewing of academic content | Provide shortened assignments  Face student when speaking – speak slowly  Print instead of using cursive; type all notes, tests, handouts  Use high interest/low vocabulary text material  Use overhead and provide students with copies of teacher transparencies/notes/lectures  Make instruction visual – use graphic organizers, pictures, maps, graphs, etc. to aid understanding  Highlight/color code tasks, directions, letters home  Pair ELs with an English speaking “peer partner” for assistance  Provide preferential seating or seating with a peer partner  Check for comprehension often  Ask questions that allow the student to answer successfully  Allow the student opportunities to read aloud successfully  Use manipulatives  Use audiobooks  Record material for student listening  Vocabulary matching/fill-in-the-blank exercises w/ words  OTHER: |

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| **PERSONS INVOLVED IN THE DEVELOPMENT OF THE LANGUAGE SERVICE PLAN** | | |
| *By signing this form, I am indicating that I have read and understood the Language Service Plan information.* | | |
| **PRINCIPAL** *Signature* **PRINTED NAME** |  | **PARENT** *Signature* **PRINTED NAME** |
| **EL COORDINATOR** *Signature* **PRINTED NAME** |  | **PARENT** *Signature* **PRINTED NAME** |
| **EL TEACHER** *Signature* **PRINTED NAME** |  | **STUDENT** *Signature* **PRINTED NAME** |
| **TEACHER** *Signature* **PRINTED NAME** |  | **INTERPRETER** *Signature* **PRINTED NAME** |
| **TEACHER** *Signature* **PRINTED NAME** |  | **DATE** |

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| **APPENDIX B (continued)** | | | | **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: | | | | | English **OR**  Native Language:  Oral **OR**  Written | | | | | | |
| **PERSON RESPONSIBLE FOR COMPLETING THIS FORM** | | | | | | | | | | | |
| **YEAR 1** | | | **YEAR 2** | | | | **YEAR 3** | | | **YEAR 4** | |
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| **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\*** |
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| **MONITORING** | | | | | | | | | | | | | | | | | |
| **Start Date** |  | | | | **Date of Parent Notification** | | |  | | | **Expected date for CONCLUSION OF MONITOR STATUS** *(Mimimum of 4 years)* | | | | |  | |
| **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?  Yes  No | | | | | | | | |  | Is student on track to graduate on time?  Yes  No | | | | | | | | |

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| **APPENDIX B (continued)** | **Exit/Monitor Status Documentation  *(for Students meeting qualifications to exit EL Services)*** |

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| **MONITORING, continued** | | | | | | | | | | | | | | | | | |
| **Start Date** |  | | | | **Date of Parent Notification** | | |  | | | **Expected date for CONCLUSION OF MONITOR STATUS** *(Mimimum of 4 years)* | | | | |  | |
| **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?  Yes  No | | | | | | | | |  | Is student on track to graduate on time?  Yes  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.)**

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