

OKEECHOBEE COUNTY SCHOOL BOARD
 ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAM
ELL STUDENT PLAN

Student Name: _____ Student ID: _____ DOB: _____

Section A: INITIAL IDENTIFICATION FOR ELIGIBILITY

School: _____ HLS Date: _____ Enroll (EO1) Date: _____ Grade: _____

Assessment: If student is not eligible, attach documentation and place all in cum folder.)

List/Spkg *	Date: _____	Test Name: _____	Form: _____	I/II: _____	Score: _____	Desig: _____
Reading **	Date: _____	Test Name: _____	Form: _____	I/II: _____	Score: _____	Desig: _____
Writing **	Date: _____	Test Name: _____	Form: _____	I/II: _____	Score: _____	Desig: _____

* For all grades (IPT or transfer test)

** For grades 3-12 (IRW or transfer test)

ESOL Contact/Designee Signature: _____ Date: _____

Section B: ENTRY

Dates: Refer (HLS): _____ Clasf. (Assess): _____ Entry/Start: _____ Plan: _____

Basis of Entry: **A** (K-12 L/S) **R** (3-12 FES on L/S, but did not pass R/W)
 L (K-12 ELL Comm.) **T** (Pre-K Students)

Reclass.: _____ *Basis of entry of "L" is required for reclassified ESOL students*

Section C: EXTENSION OF INSTRUCTION (BEYOND THIRD YEAR) ****

Yr. 4	Re-eval Date: _____	required ELL Comm. Date: _____	Extd. Inst.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Yr. 5	Re-eval Date: _____	required ELL Comm. Date: _____	Extd. Inst.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Yr. 6	Re-eval Date: _____	required ELL Comm. Date: _____	Extd. Inst.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____

No Funding:

Yr. 7	Re-eval Date: _____	required ELL Comm. Date: _____	Extd. Inst.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Yr. 8	Re-eval Date: _____	required ELL Comm. Date: _____	Extd. Inst.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____
Yr. 9	Re-eval Date: _____	required ELL Comm. Date: _____	Extd. Inst.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials: _____

**** The base period of three years is defined as three calendar years from the **Original Date** an ESOL enrolls in any ESOL program in any school district within the state of Florida. **No funding allowed beyond 6 years.**

Section D: EXIT

Dates: 1st Exit: _____ Plan: _____ Basis of Exit: 2 codes required: _____
 Exit Code: **H** = K-2 Prof. all 4 areas of CELLA **I** = 3-9 gr., prof. all 4 areas of CELLA and 3 or higher on FCAT reading.
J = Gr 10-12, proficient all 4 domains of CELLA and score on 10th grade **L** = ELL Committee (2nd code is Z)
 FCAT Reading sufficient to meet applicable graduation requirements.

IPT	Date _____	Form _____	I/II _____	Score _____	Desig _____	<input type="checkbox"/> Parent Notice of Release Sent
CELLA Comp	Date _____	Form _____	I/II _____	Score _____	Desig _____	
CELLA Rdg.	Date _____	Form _____	I/II _____	Score _____	Desig _____	
FCAT	Date _____	Form _____	I/II _____	Score _____	Desig _____	

Post Reclassification Dates (Monitoring)

1.	1 st Report Card	Successful	<input type="checkbox"/> Y <input type="checkbox"/> N	Reclass. ELL Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Initials _____
2.	End of 1 st Sem.	Successful	<input type="checkbox"/> Y <input type="checkbox"/> N	Reclass. ELL Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Initials _____
3.	End of 1 st Year	Successful	<input type="checkbox"/> Y <input type="checkbox"/> N	Reclass. ELL Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Initials _____
4.	End of 2 nd Year	Successful	<input type="checkbox"/> Y <input type="checkbox"/> N	Reclass. ELL Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Initials _____
5.	Monitoring Complete	<input type="checkbox"/> Student is LZ and must remain LZ OR		<input type="checkbox"/> Student is Reclassified LY		

Dates: 2nd Exit: _____ Plan: _____ Basis of Exit: 2 codes required: _____

IPT	Date _____	Form _____	I/II _____	Score _____	Desig _____	<input type="checkbox"/> Parent Notice of Release Sent
CELLA Comp	Date _____	Form _____	I/II _____	Score _____	Desig _____	
CELLA Rdg.	Date _____	Form _____	I/II _____	Score _____	Desig _____	
FCAT	Date _____	Form _____	I/II _____	Score _____	Desig _____	

Post Reclassification Dates (Monitoring)

1.	1 st Report Card	Successful	<input type="checkbox"/> Y <input type="checkbox"/> N	Reclass. ELL Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Initials _____
2.	End of 1 st Sem.	Successful	<input type="checkbox"/> Y <input type="checkbox"/> N	Reclass. ELL Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Initials _____
3.	End of 1 st Year	Successful	<input type="checkbox"/> Y <input type="checkbox"/> N	Reclass. ELL Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Initials _____
4.	End of 2 nd Year	Successful	<input type="checkbox"/> Y <input type="checkbox"/> N	Reclass. ELL Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Initials _____
5.	Monitoring Complete	<input type="checkbox"/> Student is LZ and must remain LZ OR		<input type="checkbox"/> Student is Reclassified LY		

ELL STUDENT PLAN

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Page: _____

Student ID: _____

Annual Student Plan Review and Updates

* *E = Sheltered English* *S = Sheltered Core* *I = Inclusion English* *C = Inclusion Core* *T = Dual Language*

** Annual review (Effective Date of Plan) must include **beginning of year date** (or timely date for late arrivals) and **current services**.

ELL Committee Required for **Extended Instruction, Failing Grades** on Report Cards, **Retention** and **Good Cause Promotion**

School: _____ Year: _____ Grade _____ Instructional Model: E S I C T

Schedule attached w/130 code: Elem: 1500 min/wk M.S. Schedule H.S. Sem. 1 Sem 2

Other Special Programs: _____

Notices Sent: Annual Notice of Placement/Services AMAO Letter FCAT Accom. (grades 3-12)

Date ** Initial ELL Comm. Description/Assessments/Monitoring/Results

Y N

Y N

Y N

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Y N

Y N