

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

**Suwannee County School District  
ESOL Documentation for ELL students**

I have received the ESOL folder for \_\_\_\_\_ from the  
*(name of student)*

ESOL Support Teacher. **I will proceed with the following:**

1. schedule an ELL committee meeting
2. invite the parent to attend
3. write the student's ELL plan for ESOL
4. provide the ESOL plan and testing data to my school's MIS contact
5. review the ELL student's schedule for the most appropriate courses provided by teachers with the required ESOL training
6. maintain the ESOL file as part of the student's cumulative record for FTE

\_\_\_\_\_  
Signature of School Staff

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of ESOL Support Teacher

\_\_\_\_\_  
DATE

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

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Signature of School Staff

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of ESOL Support Teacher

\_\_\_\_\_  
DATE

SUWANNEE COUNTY SCHOOLS  
 English for Speakers of other Languages (ESOL)  
 English Language Learner (ELL) Student Plan/ Mainstream- Inclusion Program

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

CURRENT DATE: \_\_\_\_\_ DEUSS: \_\_\_\_\_ ESOL ENTRY DATE: \_\_\_\_\_ RE-EVALUATION DATE: \_\_\_\_\_  
 (The ELL committee will not consider exiting a student from the ESOL program for **at least one (1) semester.**)

**Instructional Schedule (Attach Copy of Student Schedule from MIS/Focus)**

FSA Data (Reading Level)	ACCESS for ELLs 2.0 Data	Pre/LAS or LAS/Links Data	Assigned ESOL Strategies/Program(s)/Courses	Teacher	Length of time (per day or per week)
	Listening:	Listening Level:			
	Speaking:	Speaking Level:			
	Reading:	Reading Level (3-12):			
	Writing:	Writing Level(3-12):			

This student is an English Language Learner and is entitled to all accommodations which include the use of a bilingual dictionary, assisted language, ELL Setting, and Flex Schedule.

This ELL student is also eligible for and is receiving services from the following program:

\_\_\_ Remedial reading \_\_\_\_\_

(date)

\_\_\_ Remedial math \_\_\_\_\_

(date)

\_\_\_ Dropout Prevention \_\_\_\_\_

(date)

\_\_\_ Migrant (tutoring) \_\_\_\_\_

(date)

\_\_\_ ESE \_\_\_\_\_

(date)

\_\_\_ GED \_\_\_\_\_

(date)

\_\_\_ Other: \_\_\_\_\_

(date)

Student Services

\_\_\_ Health Screening/Referral

\_\_\_ School Psychologist

\_\_\_ Guidance Counselor

\_\_\_ Free/Reduced School Meals

\_\_\_ Transportation - Bus # \_\_\_\_\_

\_\_\_ Child Study Team

**SUWANNEE DISTRICT SCHOOLS**  
**English Language Learner**  
**ELL School Committee Report**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Year: \_\_\_\_\_ Date: \_\_\_\_\_

**The ELL school committee has convened to:**

- |   |   |
|---|---|
| _____ <b>Review ESOL entry/exit testing</b>         | _____ <b>Consider retention/placement</b>                                 |
| _____ <b>Determine testing accommodations</b>       | _____ <b>Review attendance record</b>                                     |
| _____ <b>Review student progress for monitoring</b> | _____ <b>refer for Intervention Assistance Team<br/>(For former ELLs)</b> |
| _____ <b>Other</b> _____                            |   |

ELL Committee Recommendations: (see reverse side also) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based upon the above data, the ELL Committee has determined that the student listed above is:

- \_\_\_\_\_ An ELL student who continues to need ESOL strategies and a revised individual Student ELL Plan.  
*(Complete the Individual ELL Plan and file in cumulative folder.)*
- \_\_\_\_\_ An ELL student who is progressing toward English proficiency.  
*(Continue current ELL Plan)*
- \_\_\_\_\_ Not an ELL student; this student is English proficient based on the above data.  
*(File this form in student cumulative folder.)*

**English Language Learners are entitled to the following accommodations for statewide assessments:**

- |                         |                           |
|-------------------------|---------------------------|
| _____ Flex Schedule     | _____ Flex Setting        |
| _____ Assisted Language | _____ Approved Dictionary |

\_\_\_\_\_ School personnel **have not** prohibited, discouraged, or attempted to discourage me from inviting a person of my choice to today's meeting.

\_\_\_\_\_ School personnel **have** prohibited, discouraged, or attempted to discourage me from inviting a person of my choice to today's meeting.

**ELL SCHOOL COMMITTEE (Signatures):**

_____ <b>School ESOL Coordinator</b>	_____ <b>Parent</b>
_____ <b>Classroom Teacher</b>	_____ <b>Student (if applicable)</b>
_____ <b>Guidance Counselor</b>	_____ <b>Other (Title)</b> _____



### ELL Program Participation-MIS Form

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

Grade: \_\_\_\_\_

Home Language Survey Date: \_\_\_\_\_

**English Language Learner:**

\_\_\_ (LF) Two Year Follow-up \_\_\_ (LP) Tested or Pending (k-12) \_\_\_ (LY) LEP in LEP classes \_\_\_ (LZ) Exited after 2 year follow-up \_\_\_ (TT) To be tested \_\_\_ (ZZ) Not Applicable

**ELL Program Participant:** \_\_\_ N/A \_\_\_ (E) English Speakers of Other Languages \_\_\_ (Z) Not Applicable

**Basis of Entry:**

\_\_\_ (Z) Not Applicable \_\_\_ (A) Aural/Oral \_\_\_ (L) ELL (LEP) Committee \_\_\_ (R) Reading & Writing \_\_\_ (T) Temporarily Placed

**Student Plan Date** \_\_\_\_\_

**LEP Review Date** \_\_\_\_\_

**ELL Fund Source:** \_\_\_ (E) Title III, Part A, LEP & Immigrant Student Funds

\_\_\_ (D) Does not receive Funds

**Re-Evaluation Date** \_\_\_\_\_

**Will Student participate in Standardized Test Assessments?** \_\_\_ Y \_\_\_ N

**Extension of Instruction?** \_\_\_ NA \_\_\_ (Y) Yes \_\_\_ (N) No \_\_\_ (Z) Not Applicable

**Reclassification Date** \_\_\_\_\_

**Reclassification Exit Date** \_\_\_\_\_

**First Basis of Exit:**

- \_\_\_ (A) Aural/Oral
- \_\_\_ (B) CELLA Composite for CELLA reading Score
- \_\_\_ (C) At or above proficient level on State approved assessment
- \_\_\_ (D) At or above 33% of National reading or writing or language test
- \_\_\_ (E) FCAT level 3 or greater on FCAT Reading
- \_\_\_ (F) FCAT level 3 or above on FCAT Writing+
- \_\_\_ (G) District proposed alternative exit standard
- \_\_\_ (L) English Language Learners (ELL) Committee
- \_\_\_ (R) Reading & Writing
- \_\_\_ (Z) Not Applicable

**Second Basis of Exit**

- \_\_\_ (B) CELLA Composite or CELLA Rd Score
- \_\_\_ (E) FCAT Level 3 or greater
- \_\_\_ (F) FCAT Level 3 or greater on writing+
- \_\_\_ (G) District proposed alternative exit std
- \_\_\_ (L) English Language Learner Committee
- \_\_\_ (R) Reading & Writing (exited ELL students)
- \_\_\_ (Z) Not Applicable

First Monitor Date \_\_\_\_\_

Second Monitor Date \_\_\_\_\_

Third Monitor Date \_\_\_\_\_

Fourth Monitor Date \_\_\_\_\_

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

**ELL Exit Date:** \_\_\_\_\_

**ELL Entry Date:** \_\_\_\_\_

**Native Parent Language:** \_\_\_\_\_

**Primary Home Language:** \_\_\_\_\_

**Student Language:** \_\_\_\_\_

**Date Entered US School (DUESS):** \_\_\_\_\_

**English Language Lerner: Tier Placement:** \_\_\_\_\_

**For Official Use ONLY**  
ESOL Contact (Counselor) \_\_\_\_\_  
Data Entry \_\_\_\_\_  
Please Initial

# ELL Testing Information

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

Grade Level: \_\_\_\_\_

Test Administration: \_\_\_\_\_ Test Date: \_\_\_\_\_

School Year \_\_\_\_\_

Form: \_\_\_\_\_

LEP Info:

District Administered \_\_\_\_\_

School Administered: \_\_\_\_\_

Test Parts (Click arrow for options)

Title: L/P Level (Listening/Speaking) RS \_\_\_\_\_

Title: Language (Reading/Writing) RS \_\_\_\_\_

-----

Test Administration: \_\_\_\_\_

Test Date: \_\_\_\_\_

School Year \_\_\_\_\_

Test Administration: \_\_\_\_\_

Test Date: \_\_\_\_\_

School Year \_\_\_\_\_

LEP Info:

District Administered \_\_\_\_\_

School Administered: \_\_\_\_\_

**For Official Use ONLY**

ESOL Contact (Counselor) \_\_\_\_\_  
Data Entry \_\_\_\_\_  
Please Initial

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

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

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

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Dear Parents:

Your child has been tested to determine his/her proficiency in the English language. The results of the test indicate that your child:

\_\_\_\_\_ Is proficient in English and does not qualify for the ESOL/ELL program.

\_\_\_\_\_ Is an English Language Learner (ESOL/ELL) and is entitled to accommodations, for example: bilingual dictionary, extra time during testing, etc.

\_\_\_\_\_ Is proficient in English and will exit the ESOL/ELL program. His/her academic progress will continue to be monitored for a period of two (2) years. If he/she does not continue to make appropriate academic progress and data indicates the need for ESOL services, the ELL Committee (including the parent) may meet and recommend that the student be placed back in the ESOL program.

If your child is an English Language Learner, this will not change his/her grade level placement, but will allow him/her to be placed in the ESOL/ELL program for extra help with the English language.

**We invite you to attend a meeting of the ESOL/ELL Committee on \_\_\_\_\_  
\_\_\_\_\_ to discuss the results of the evaluation.**

Please call the school at \_\_\_\_\_ if you have any questions.

Sincerely,

\_\_\_\_\_  
Principal



Escuela: \_\_\_\_\_

Fecha: \_\_\_\_\_

Estudiante: \_\_\_\_\_

Grado: \_\_\_\_\_

Maestro: \_\_\_\_\_

Estimados Padres:

Su hijo/a ha sido examinado para determinar el dominio del idioma inglés. Los resultados del examen indican que su hijo/a:

\_\_\_\_\_ Domina el inglés y no califica para el Programa de ESOL/ELL.

\_\_\_\_\_ Es del dominio limitado de inglés (ESOL/ELL) y tiene derecho a unas acomodaciones, por ejemplo: diccionario bilingüe, tiempo adicional durante las pruebas, etc.

\_\_\_\_\_ Domina el inglés y saldrá del Programa de ESOL/ELL. Su progreso académico continuará ser monitoreado por un período de dos (2) años. Si él/ella no continua hacer progreso académico adecuado y los datos indican la necesidad de servicios de ESOL, el Comité de ELL (incluyendo los padres) se puede reunir y recomendar que el estudiante sea colocado de nuevo en el programa de ESOL.

Si su hijo/a es del dominio limitado de inglés, esto no cambiará su nivel del grado, pero le admite ser colocado en el programa de ESOL/ELL para más ayuda con el idioma inglés.

**Les invitamos a ustedes a una reunión del Comité de ESOL/ELL el \_\_\_\_\_  
\_\_\_\_\_ para hablar sobre los resultados del examen.**

Por favor llamen la escuela a \_\_\_\_\_ si ustedes tienen algunas preguntas.

Atentamente,

\_\_\_\_\_  
Director

**Suwannee County School District**  
**Notification of Placement in the English for Speakers of Other Languages (ESOL) Program**

**Initial Placement**                      **Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent/Legal Guardian,

Based on the responses to the Home Language Survey, your child has been assessed and qualifies for English for Speakers of Other Languages (ESOL) services. **Your child qualifies for the ESOL program using the following criteria:**

**INITIAL PLACEMENT:**

Name of Test/Score/Level on Listening/Speaking \_\_\_\_\_

Name of Test/Score/Level on Reading/Writing  
\_\_\_\_\_

ELL Committee/Assessment Criteria \_\_\_\_\_

The goal of the ESOL program is to help your child learn English in order to meet appropriate academic standards for grade promotion and graduation. As an English language Learner (ELL), your child will receive language and academic support until meeting exit criteria outlined in State Board Rule (SBR) 6A.6.0903.

Once exited from the ESOL program, your child will be monitored for two years to ensure academic success during this transition period. Although your child's projected graduation year is \_\_\_\_\_, the school's ELL Committee is available to meet with you anytime throughout your child's educational experience to review academic needs and placement recommendations. Appropriate ESOL services will also be included in the guidelines and recommendations in a student's Individualized Education Plan (IEP) if necessary.

ESOL programs adjust instruction to the child's strengths and needs by providing effective teaching strategies, as well as supplemental instructional materials or bilingual support. As a parent, you are encouraged to participate in developing your child's Student ELL Plan, as well as choose the appropriate instructional model for your child which includes:

- \_\_\_\_\_ Mainstream/Inclusion English Language Arts (instruction with both ELLs and non-ELLs)
- \_\_\_\_\_ Mainstream/Inclusion Basic Subject Areas (math, science, social studies, computer)

**REFUSAL of TITLE III SERVICES**

ESSA Title III guidelines allow districts to use federal funding to support their ESOL programs and provide supplemental services to ELLs. Parents may elect to refuse these supplemental Title III services. However, your child will still receive language and academic support and be annually assessed for English proficiency. If you need additional information regarding the ESOL or Title III program, please contact Carolina Figueroa-Crooke at 386-647-4648.

**If you do not want your child to receive supplemental services through Title III, please indicate by signing and returning the form below.**

-----

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

**I do not want my child to receive ESSA Title III supplemental services.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Distrito Escolar del Condado de**  
**Notificación de la Colocación en el Programa de Inglés para Hablantes de Otros Idiomas (ESOL)**

**Colocación Inicial**                      Fecha: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_  
ID del Estudiante: \_\_\_\_\_  
Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_

Estimados Padres/Guardianes,

Basado en las respuestas en el Cuestionario de Idioma del Hogar, su hijo(a) ha sido evaluado(a) y califica para servicios del Programa de Inglés para Hablantes de Otros Idiomas (ESOL). **Su hijo(a) califica al programa de ESOL basado en el criterio siguiente:**

**COLOCACIÓN INICIAL:**

Nombre del Examen/Puntaje/Nivel en Escuchar/Hablar: \_\_\_\_\_

Nombre del Examen/Puntaje/Nivel en Lectura/Escritura: \_\_\_\_\_

Comité ELL /Criterio de Evaluación: \_\_\_\_\_

El objetivo del programa ESOL es ayudar a su niño(a) a aprender inglés con el fin de cumplir con estándares académicos adecuados para la promoción de grado y graduación. Como un Estudiante del Idioma de Inglés (ELL), su hijo(a) recibirá apoyo académico y de idioma hasta que satisfaga el criterio de salida explicado en la Regla del Estado (SBR) 6A.6.0903.

Una vez salido del programa de ESOL, su hijo(a) será monitoreado durante dos años para asegurar el éxito académico durante este período de transición. Aunque el año proyectado de graduación de su hijo(o) es \_\_\_\_\_, el Comité ELL de la escuela está disponible para reunirse con usted en cualquier momento a lo largo de la experiencia educativa de su hijo para revisar las necesidades académicas y las recomendaciones de colocación. Servicios adecuados de ESOL se incluirán también en las directrices y recomendaciones en de un Plan de Educación Individualizado (IEP) del estudiante si es necesario.

Programas ESOL ajustan la instrucción a las fortalezas del niño(a) y las necesidades proporcionando estrategias de enseñanza eficaces, así como materiales o apoyo bilingüe. Como padre, te animamos a participar en el desarrollo del plan estudiantil ELL de su hijo, como elegir el modelo apropiado de instrucción para su niño(a) que incluye:

- \_\_\_\_\_ Artes del lenguaje inglés e inclusión (instrucción con ELLs y no-ELLs)
- \_\_\_\_\_ inclusión temas básicos/inclusión (Ciencia, estudios sociales, matemáticas, computadoras)

**DENEGACIÓN DE SERVICIOS DE TÍTULO III**

Directrices de ESSA Título III le permiten a los distritos utilizar fondos federales para apoyar sus programas ESOL y proporcionar servicios suplementarios a los ELLs. Los padres pueden optar por rechazar estos servicios suplementarios de Título III. Sin embargo, su hijo(a) seguirá recibiendo apoyo académico y de idioma y evaluarse anualmente para el dominio del idioma inglés. Si necesita información adicional sobre el programa ESOL o título III, por favor póngase en contacto con Carolina Figueroa-Crooke al 386-647-4648.

**Si NO desea que su hijo reciba servicios suplementarios por el Título III, por favor, indique al firmar y devolver el formulario a continuación.**

-----  
**Nombre del Estudiante:** \_\_\_\_\_

**Nombre del Padre/Madre/Guardián:** \_\_\_\_\_

**No quiero que mi hijo(a) recibir servicios suplementarios ESSA Título III.**

**Firma del Padre/Guardián:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

**Information after ELL testing - Add to Data Chart:**

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

ID Number: \_\_\_\_\_

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

Grade: \_\_\_\_\_

ELL Code: \_\_\_\_\_

ESOL Entry Date: \_\_\_\_\_

DEUSS : \_\_\_\_\_

ELL Plan Date: \_\_\_\_\_

Re-eval Date: \_\_\_\_\_

Next Re-eval Due: \_\_\_\_\_

Exit Date: \_\_\_\_\_

**\*\* New ELL: Send information to Natasha to enter in ELL Student Parameter Group for EIAF\*\***