THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
MULTICULTURAL & ESOL PROGRAM SERVICES EDUCATION DEPARTMENT
ENGLISH LANGUAGE LEARNER STUDENT EDUCATION PLAN (ELLSEP)

Name____
(Last) (First) (Middle)
Date of Birth__________________**Place of Birth**__________________

Student Language______________**Parent/Guardian Language**______________

Home Language Survey Date *(REFDTE)____________
(Date parent completes registration form)

School	Year	Grade
________	20___20___	______
________	20___20___	______
________	20___20___	______
________	20___20___	______
________	20___20___	______
________	20___20___	______
________	20___20___	______

This is an **initial** ELLSEP ☐ Yes ☐ No Date __________ Signature ____________________ (ESOL Contact/Designee) Date__________ Signature ____________________ (Parent Signature)

Initial Placement Information

Listening/Speaking Language Assessment (K – 12)
Instrument________
Assessment Date *(**CLASS**)________

Reading/Writing Assessment (FES Grades 4 – 12)
Instrument________
Reading Percentile_________
Writing (Language) Percentile______
Assessment Date *(**CLASS**)________

ESOL Program Entry Date *(ENTRY) _______

Language Classifications
Initial Language Classification______________

Date __________ From ____ to ____or Status Unchanged ____ Grade ____ School ______________
Date __________ From ____ to ____or Status Unchanged ____ Grade ____ School ______________
Date __________ From ____ to ____or Status Unchanged ____ Grade ____ School ______________
Date __________ From ____ to ____or Status Unchanged ____ Grade ____ School ______________
Date __________ From ____ to ____or Status Unchanged ____ Grade ____ School ______________

Recommendations for continued placement in ESOL Program

_______2nd Year in ESOL Program Date ____________________
Signature ____________________ (ESOL Contact/Designee)

_______3rd Year in ESOL Program Date ____________________
Signature ____________________ (ESOL Contact/Designee)

Form #4300/Revised 05/07 MR/ga

***Descriptors used in TERMS Database**

Reevaluation: *(REEVAL) through ELL Committee Meetings for a 4th, 5th or 6th Year in the ESOL Program

4th Year

Grade: _____ **Date:** ____/____/____

Members in Attendance (minimum of 4)
Administrator/Designee _____
ESOL Contact _____
ESOL Teacher(s) _____
ESE Rep. _____
Guidance _____
Parent _____
Other _____

Recommendations: _____

Rationale for recommendations (minimum of 2) _____

5th Year

Grade: ____ **Date:** ____/____/____

Members in Attendance (minimum of 4)
Administrator/Designee _____
ESOL Contact _____
ESOL Teacher(s) _____
ESE Rep. _____
Guidance _____
Parent _____
Other _____

Recommendations: _____

Rationale for recommendations (minimum of 2) _____

6th Year

Grade: ____ **Date:** ____/____/____

Members in Attendance (minimum of 4)
Administrator/Designee _____
ESOL Contact _____
ESOL Teacher(s) _____
ESE Rep. _____
Guidance _____
Parent _____
Other _____

Recommendations: _____

Rationale for recommendations (minimum of 2) _____

ELL Committee Meetings

Grade: _____ **Date:** ____/____/____

Members in Attendance (minimum of 4)
Administrator/Designee _____
ESOL Contact _____
ESOL Teacher(s) _____
ESE Rep. _____
Guidance _____
Parent _____
Other _____

Purpose for meeting: _____

Recommendations: _____

Rationale for recommendations (minimum of 2) _____

Grade: ____ **Date:** ____/____/____

Members in Attendance (minimum of 4)
Administrator/Designee _____
ESOL Contact _____
ESOL Teacher(s) _____
ESE Rep. _____
Guidance _____
Parent _____
Other _____

Purpose for meeting: _____

Recommendations: _____

Rationale for recommendations (minimum of 2) _____

Grade: ____ **Date:** ____/____/____

Members in Attendance (minimum of 4)
Administrator/Designee _____
ESOL Contact _____
ESOL Teacher(s) _____
ESE Rep. _____
Guidance _____
Parent _____
Other _____

Purpose for meeting: _____

Recommendations: _____

Rationale for recommendations (minimum of 2) _____

*** Descriptors used in TERMS Database**

ELL Programmatic Assessment and Academic Placement Review

Programmatic assessment must be conducted to provide a basis for developing appropriate placement and scheduling. This section must be completed by trained school personnel with parents/guardians at the time of initial registration in a Broward County School. Please document all steps taken to determine the academic level(s) of the student, independent of the student's English language proficiency.

Please complete all applicable areas below:

A. Age appropriate grade placement: _____

B. Interview with student and/or student's parent/guardian to determine prior educational experiences and academic subject competencies in the native language

_____ _____
(Name of person interviewed) (Relationship to student)

Results from interview:

Additional information about courses taken in other schools: _____

_____

Subject areas of academic strength: _____

_____

Courses requested by student: _____

Literacy Level:

Native Language: Reading _____ Math _____ **English:** Reading _____ Math _____

Other important information obtained from parent/guardian: _____

_____

Was home language assistance provided during the interview? _____ Provided by: _____

C. Review student's prior school records **(consider student performance in the home language for appropriate placement).**

_____ Standardized Tests/Other Assessments

Instrument(s) _____ Language of Assessment(s) _____ Score(s) _____ Test Date(s) _____

_____ _____ _____ _____

_____ Report Cards/Transcripts

D. Additional steps taken by the school to determine academic placement (additional steps may include administration of subject area diagnostic or placement tests).

_____

E. Programmatic Assessment Outcomes/Instructional Program: _____

_____

Initial Placement Programmatic Assessment completed by:

Name _____ Title: _____ Date: _____

ESOL Contact/Guidance/Designee

CATEGORICAL PROGRAMS

Check if the student is participating in any of the following programs:

	School Year(s)			School Year(s)	
____Advanced Academics	_____	_____	____Dropout Prevention/Alternative Education	_____	_____
____ Magnet	_____	_____	(See *Consent for Placement* in CUM Folder)	_____	_____
____ Title I Math	_____	_____	____ Exceptional Student Education (See IEP)	_____	_____
____ Title I Reading	_____	_____	____ Other _____	_____	_____

INSTRUCTIONAL PROGRAM RECOMMENDATIONS

Option 1: ELLs receive instruction in a **Sheltered Instruction/self-contained** setting in English Language Arts and content area areas.

Option 2: ELLs receive instruction in a **Sheltered Instruction/self-contained** setting in English Language Arts. Content areas can be delivered through a combination of **Sheltered and/or basic mainstream instruction.**

Option 3: ELLs receive instruction in English Language Arts and content areas through the **basic mainstream program.**

GRADE _____	GRADE _____	GRADE _____	GRADE _____	GRADE _____
Option: 1 2 3 Date: _____	Option: 1 2 3 Date: _____	Option: 1 2 3 Date: _____	Option: 1 2 3 Date: _____	Option: 1 2 3 Date: _____
Option: 1 2 3 Date: _____	Option: 1 2 3 Date: _____	Option: 1 2 3 Date: _____	Option: 1 2 3 Date: _____	Option: 1 2 3 Date: _____

CURRENT STUDENT SCHEDULE MUST BE INCLUDED EVERY YEAR

ESOL Program Exit Information

■**Listening/Speaking Language Assessment Instrument**_____**Date**_____ **District Language Classification** _____**Exit Date: * EXIT**_____

■**Reading/Writing Grades 4 - 12**

Instrument _____ Date_____

Reading Percentile Score _____

Writing (Language) Percentile Score _____ **Exit Date:*(EXIT)**_____

■**ELL Committee Recommendation Date**_____ (Must be documented as an ELL Committee Meeting)

***(EXIT)**_____

POST EXIT MONITORING INFORMATION

	First Report Card After Exit Date	**End of 1st Semester After Exit Date**	**End of First Year After Exit Date**	**End of Second Year After Exit Date**
DATE				
SIGNATURE				
COMMENTS				

POST-RECLASSIFICATION INFORMATION Initial date a **former** ELL presently being monitored is **re-entered** into the ESOL program as an ELL (C1-LY) based on an ELL Committee recommendation_____

ELL Committee Review Date ***(RECLASS)**_____ School _____

Basis for Re-entry_____ ELL Committee Exit Review Date ***(EXIT)** (Second exit from ESOL Program) _____

ELL Committee Meetings

Grade: _____**Date:** ____/____/____

Members in attendance (minimum of 4)
Administrator/Designee _____
ESOL Contact_____
ESOL Teacher(s)_____
ESE Rep._____
Guidance_____
Parent_____
Other_____

Purpose for meeting: _____

Recommendations: _____

Rationale for recommendations (minimum of 2)__

Grade: _____**Date:** ____/____/____

Members in attendance (minimum of 4)
Administrator/Designee _____
ESOL Contact_____
ESOL Teacher_____
ESE Rep._____
Guidance_____
Parent_____
Other_____

Purpose for meeting: _____

Recommendations: _____

Rationale for recommendations (minimum of 2)__

Grade: _____**Date:** ____/____/____

Members in attendance (minimum of 4)
Administrator/Designee_____
ESOL Contact_____
ESOL Teacher_____
ESE Rep._____
Guidance_____
Parent_____
Other_____

Purpose for meeting: _____

Recommendations: _____

Rationale for recommendations (minimum of 2) __

***Descriptors used in TERMS Database**