**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 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<br>Date: _____ | Option: 1  2  3<br>Date: _____ | Option: 1  2  3<br>Date: _____ | Option: 1  2  3<br>Date: _____ | Option: 1  2  3<br>Date: _____ |
| Option: 1  2  3<br>Date: _____ | Option: 1  2  3<br>Date: _____ | Option: 1  2  3<br>Date: _____ | Option: 1  2  3<br>Date: _____ | Option: 1  2  3<br>Date: _____ |
| ESOL Contact Signature | ESOL Contact Signature | ESOL Contact Signature | ESOL Contact Signature | ESOL Contact Signature |

**CURRENT STUDENT SCHEDULE MUST BE INCLUDED EVERY YEAR**