APPENDIX R

The School Board of Broward County, Florida
MULTICULTURAL, ESOL AND PROGRAM SERVICES DEPARTMENT

3-12 CLASSIFICATION UPDATE/EXIT FORM

Date:_____ **School Year:**_____

School/Cluster:_____

Name and Title of Person Completing this Form:_____

NOTE: Schools must update the following information in the appropriate TERMS panels.
Exited students are coded LF during the 2-year monitoring period.

Last Name First Name	Grade*	FSI #	Progress Monitoring		Exit	
			IPT Listening/Speaking Percentile Scores	Classification and ELL Code	Basis of Exit**	Exit Date

*Current Grade Placement

Copy: Information Management Technician

**Choose one: A = Aural/Oral
L = ELL Committee

Form 2590L (Revised 08/11)
CMC/jas