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

	School	Year	Grade
Name_____			
(Last) (First) (Middle)	_____	20____ 20____	_____
Date of Birth_____Place of Birth_____	_____	20____ 20____	_____
	_____	20____ 20____	_____
Student Language_____Parent/Guardian Language _____	_____	20____ 20____	_____
	_____	20____ 20____	_____
Home Language Survey Date *(REFDTE)_____	_____	20____ 20____	_____
(Date parent completes registration form)	_____	20____ 20____	_____

This is an **initial** ELLSEP ☐   ☐   Date _____   Signature _____Date_____   Signature_____
                                    Yes   No   (ESOL Contact/Designee)   (Parent Signature)

Initial Placement Information	**Language Classifications**
	Initial Language Classification_____
Listening/Speaking Language Assessment (K – 12)	
Instrument_____	Date _____ From ____ to ____or Status Unchanged ____ Grade ____ School _____
Assessment Date *(**CLASS**)_____	
	Date _____ From ____ to ____or Status Unchanged ____ Grade ____ School _____
Reading/Writing Assessment (FES Grades 3 – 12)	
Instrument_____	Date _____ From ____ to ____or Status Unchanged ____ Grade ____ School _____
Reading Percentile_____	
Writing (Language) Percentile_____	Date _____ From ____ to ____or Status Unchanged ____ Grade ____ School _____
Assessment Date *(**CLASS**) _____	
	Date _____ From ____ to ____or Status Unchanged ____ Grade ____ School _____
ESOL Program Entry Date *(ENTRY) _____	
*Send home Parent Notification Letter (Form #4673)	Update ***PLAN** date to indicate most current Language assessment.

INSTRUCTIONAL PROGRAM RECOMMENDATIONS

Option 1: ELLS received instruction in a **Sheltered Instruction/self-contained** setting in English Language Arts and content areas.
Option 2: ELLS received instruction in a **Sheltered Instruction/self-contained** setting in English Language Arts. Content areas can be delivered through a combination of **Shelter and/or basic mainstream instruction.**
Option 3: ELLS received instruction in English Language Arts and content areas through the **basic mainstream program.**

GRADE _____	GRADE _____	GRADE _____	GRADE _____	GRADE _____	GRADE _____
Option: 1 2 3	Option: 1 2 3	Option: 1 2 3	Option: 1 2 3	Option: 1 2 3	Option: 1 2 3
*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)
Option: 1 2 3	Option: 1 2 3	Option: 1 2 3	Option: 1 2 3	Option: 1 2 3	Option: 1 2 3
*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)	*PLAN Date:_____ *(mm/dd/year)
ESOL Contact Signature	ESOL Contact Signature	ESOL Contact Signature	ESOL Contact Signature	ESOL Contact Signature	ESOL Contact Signature

CURRENT STUDENT SCHEDULE (A10 Panel) WITH DATE STAMP AND/OR SIGNATURE MUST BE FILED IN ELLSEP.
Update ***PLAN** date to indicate most current student schedule.

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:_____

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 _____	_____	_____

Annual Reviews
Recommendations for continued placement in ESOL Program

_____

Update *PLAN date within 30 days prior to the anniversary date.
Time in an ESOL Program is determined by original entry date.
Form #4673 must go home for continuation of services.

_____2nd Year in ESOL Program	_____3rd Year in ESOL Program
Date _____	Date _____
Signature _____	Signature _____
(ESOL Contact/Designee)	(ESOL Contact/Designee)

Reevaluation: *(REEVAL) through ELL Committee Meetings for a 4th, 5th or 6th Year in the ESOL Program
Update *PLAN date within 30 days prior to the anniversary date. Time in an ESOL Program is determined by original entry date.
Form #4673 must go home for continuation of services.

4th Year	5th Year	6th Year
Grade: _____ Date: ____/____/____	**Grade: _____ Date: ____/____/____**	**Grade: _____ Date: ____/____/____**
Members in Attendance (minimum of 4) Administrator/Designee _____ ESOL Contact _____ ESOL Teacher(s) _____ ESE Rep. _____ Guidance _____ Parent _____ Other _____	**Members in Attendance (minimum of 4)** Administrator/Designee _____ ESOL Contact_____ ESOL Teacher(s) _____ ESE Rep. _____ Guidance _____ Parent_____ Other _____	**Members in Attendance (minimum of 4)** Administrator/Designee _____ ESOL Contact_____ ESOL Teacher(s) _____ ESE Rep. _____ Guidance_____ Parent_____ Other _____
Recommendations: _____ _____ _____ _____ _____	**Recommendations: _____** _____ _____ _____ _____	**Recommendations: _____** _____ _____ _____ _____
Criteria used to determine recommendations (minimum of 2 approved by DOE, refer to *ELL Committee Section* of Handbook)	**Criteria used to determine recommendations (minimum of 2 approved by DOE, refer to *ELL Committee Section* of Handbook)**	**Criteria used to determine recommendations (minimum of 2 approved by DOE, refer to *ELL Committee Section* of Handbook)**

Additional ELL Committee Meetings

Grade: _____ Date: ____/____/____	**Grade: _____ Date: ____/____/____**	**Grade: _____ Date: ____/____/____**
Members in Attendance (minimum of 4) Administrator/Designee _____ ESOL Contact _____ ESOL Teacher(s) _____ ESE Rep._____ Guidance _____ Parent _____ Other_____	**Members in Attendance (minimum of 4)** Administrator/Designee _____ ESOL Contact_____ ESOL Teacher(s) _____ ESE Rep. _____ Guidance _____ Parent_____ Other _____	**Members in Attendance (minimum of 4)** Administrator/Designee _____ ESOL Contact_____ ESOL Teacher(s) _____ ESE Rep. _____ Guidance_____ Parent_____ Other _____
Purpose for meeting: _____ _____ _____	**Purpose for meeting: _____** _____ _____	**Purpose for meeting: _____** _____ _____
Recommendations: _____ _____	**Recommendations:_____** _____	**Recommendations: _____** _____
Criteria used to determine recommendations (minimum of 2 approved by DOE, refer to *ELL Committee Section* of Handbook)	**Criteria used to determine recommendations (minimum of 2 approved by DOE, *refer to ELL Committee Section of Handbook*)**	**Criteria used to determine recommendations (minimum of 2 approved by DOE, refer to *ELL Committee Section* of Handbook)**

* Descriptors used in TERMS Database

ESOL Program Exit Information

K-2 Option 1	3-12 Option 1	K-12 Option 2	Exit Date* (EXIT)
IPT Results _____ Test date: _____	FCAT Results_____ Test date: _____	ELL Committee Meeting Date: _____ (mm/dd/year)	
CELLA Listening/Speaking Score _____ Reading Score _____ Writing Score _____ Total Score _____	**CELLA** Listening/Speaking Score _____ Reading Score _____ Writing Score _____ Total Score _____	(Must be documented as an ELL committee meeting in ELLSEP)	_____ (mm/dd/year)
Test date: _____	Test date: _____		

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 <u>former</u> ELL presently being monitored is **re-entered** into the ESOL Program based on an ELL Committee Recommendation.

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

ELL Committee Exit Review Date *(**EXIT**) (Second exit from ESOL Program) _____

Additional ELL Committee Meetings

Grade: _____ Date: ____/____/_____	Grade: _____ Date: ____/____/_____	Grade: _____ Date: ____/____/_____
Members in attendance (minimum of 4) Administrator/Designee _____ ESOL Contact_____ ESOL Teacher(s)_____ ESE Rep._____ Guidance_____ Parent_____ Other_____	**Members in attendance (minimum of 4)** Administrator/Designee _____ ESOL Contact_____ ESOL Teacher(s)_____ ESE Rep._____ Guidance_____ Parent_____ Other_____	**Members in attendance (minimum of 4)** Administrator/Designee_____ ESOL Contact_____ ESOL Teacher(s)_____ ESE Rep._____ Guidance_____ Parent_____ Other_____
Purpose for meeting: _____ _____	**Purpose for meeting:** _____ _____	**Purpose for meeting:** _____ _____
Recommendations: _____ _____	**Recommendations:** _____ _____	**Recommendations:** _____ _____
Criteria used to determine recommendations (minimum of 2 approved by DOE, refer to *ELL Committee Section* of Handbook)_____	**Criteria used to determine recommendations (minimum of 2 approved by DOE, refer to *ELL Committee Section* of Handbook)**_____	**Criteria used to determine recommendations (minimum of 2 approved by DOE, refer to *ELL Committee Section* of Handbook)**_____

*****Descriptors used in TERMS Database**