

HARDEE COUNTY
ESOL INDIVIDUALIZED EDUCATION PLAN (IEP)
for
Former ELL Student

Student Number _____ Student Name _____ 1500 min per week

Exit Date: _____

ACCESS 2.0: Date/Score L _____ S _____ R _____ W _____ Composite _____

FSA: Date/Score ELA _____

School Year _____	School _____	Grade _____	Date of IEP _____
School Year _____	School _____	Grade _____	Date of IEP _____
School Year _____	School _____	Grade _____	Date of IEP _____
School Year _____	School _____	Grade _____	Date of IEP _____
School Year _____	School _____	Grade _____	Date of IEP _____

Teacher(s):

First Year	Second Year	Third Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. WHAT IS BEING DONE?	YEAR 1	YEAR 2	YEAR 3
Progress Monitoring	_____	_____	_____
ESOL Strategies	_____	_____	_____
Title I Program	_____	_____	_____

2. WHO IS ASSISTING?	YEAR 1	YEAR 2	YEAR 3
ESOL Endorsed Teacher	_____	_____	_____
Title I Personnel	_____	_____	_____
ESOL Para	_____	_____	_____
Peer Tutor	_____	_____	_____

3. RESOURCE MATERIALS USED:	YEAR 1	YEAR 2	YEAR 3
Grade level texts/workbooks	_____	_____	_____
Supplementary materials	_____	_____	_____