

**Revised 2018**

## West Point Consolidated School District(WPCSD) Language Service Plan *(for Students with Limited English Proficiency)*

This form should be completed by the individual responsible for providing the instructional program for the EL students and the classroom teacher. This form should be updated annually. **Person completing this form**

<b>STUDENT NAME</b>					
<b>PRIMARY LANGUAGE SPOKEN</b>				<b>LANGUAGE(S) SPOKEN IN HOME</b>	
<b>ADDITIONAL LANGUAGE(S)</b>		<b>DATE FIRST ENROLLED IN A U.S. SCHOOL</b>		<b>IMMIGRANT STATUS (&lt; 3 yrs)</b>	
<b>PARENT/GUARDIAN NAME</b>					
<b>PHONE</b>	(home)	(work)	(cell)		

<b>HOME/SCHOOL COMMUNICATION to parent/guardian requested in:</b>	<input type="checkbox"/> English <b>OR</b> <input type="checkbox"/> Native Language: _____ <input type="checkbox"/> Oral <b>OR</b> <input type="checkbox"/> Written
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ACADEMIC HISTORY PRIOR TO ENTERING CURRENT DISTRICT			
Age Started School	Years in Preschool/K	Years in grades 1-5	Years in grades 6-12
Last grade completed	<input type="checkbox"/> Interrupted Formal Education <input type="checkbox"/> Limited Schooling <input type="checkbox"/> No Formal schooling		
Has the student been referred for Special Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does the child have a 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACADEMIC ACHIEVEMENT LEVEL HISTORY				
SUBJECT	BELOW GRADE LEVEL	ON OR ABOVE GRADE LEVEL	METHOD USED TO DETERMINE LEVEL	INFORMATION NOT AVAILABLE
<i>Example: Math</i>	<i>X</i>		<i>Course grade from previous year (D)</i>	
Math				
Reading				
Writing				
Social Studies				
Science				

TEST	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level	Date	Score	Level
ELPT Speaking															
ELPT Listening															
ELPT Reading															
ELPT Writing															
Composite SCORE															

Copy this page and attach it if space is needed to post additional ELPT scores for Long Term English Learners.

EL SERVICE			
Date Identified EL Program:		Date Entered EL Program:	
<input type="checkbox"/> Student will receive Direct EL Services for _____ <b>Minutes</b> _____ <b>Days a week</b>			
<input type="checkbox"/> Student will be placed in an EL Class for one Credit <i>(Grades 7-12 only)</i> <b>Year:</b> _____ <b>Semester:</b> _____			
<input type="checkbox"/> Parents Declined Services (school is still obligated to serve)		Comments:	
Number of years until the student is identified as a Long Term English Learner (LTEL):			
List specific measurable goals for each domain (Listening, Speaking, Reading, and Writing):			
LISTENING	SPEAKING	READING	WRITING

**STANDARDIZED TESTING ACCOMMODATIONS**

Refer to the current edition of the [Mississippi Testing Accommodations Manual](#) for the allowable accommodations for each assessment. Specify each testing accommodation, the code for the accommodation, and each standardized test to which the accommodation applies. **NOTE: The accommodations listed below must be used during regular classroom assessments and on district wide assessments prior to being used on state wide assessments.**

ACCOMMODATION(S)	CODE #	TEST(S)



**Exit/Monitor Status Documentation**  
*(for Students meeting qualifications to exit EL Services)*

This form should be completed by the individual responsible for exiting and monitoring the individual student.

<b>STUDENT NAME</b>		<b>DATE OF BIRTH</b>	
<b>PARENT/GUARDIAN NAME</b>			
<b>PHONE</b>	(home)	(work)	(cell)
<b>HOME/SCHOOL COMMUNICATION to parent/guardian requested in:</b>		<input type="checkbox"/> English <b>OR</b> <input type="checkbox"/> Native Language: _____ <input type="checkbox"/> Oral <b>OR</b> <input type="checkbox"/> Written	
<b>PERSON RESPONSIBLE FOR COMPLETING THIS FORM</b>			
<b>YEAR 1</b>	<b>YEAR 2</b>	<b>YEAR 3</b>	<b>YEAR 4</b>

<b>EL EXIT INFORMATION</b>				
<b>EXIT Eligibility Date</b>				
To be eligible for exit from EL status, students must earn a 4 or 5 on the Reading, Writing, and Overall on the LAS Links assessment. Criteria determining exit from EL status (scores from the ELPT):				
				Date of test:
<b>LISTENING</b>	<b>SPEAKING</b>	<b>READING*</b>	<b>WRITING*</b>	<b>OVERALL*</b>

<b>MONITORING</b>									
<b>Start Date</b>		<b>Date of Parent Notification</b>		<b>Expected date for CONCLUSION OF MONITOR STATUS</b>	<i>(Minimum of 4 years)</i>				
<b>REPORT CARD AND STATE ASSESSMENT RESULTS</b>									
<b>YEAR 1</b>					<b>YEAR 2</b>				
Grade level:		School Name:			Grade level:		School Name:		
<b>CONTENT AREA</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>CONTENT AREA</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
ELA					ELA				
Math					Math				
Science					Science				
Social Studies					Social Studies				
Other					Other				
Other					Other				
State Assessment Results:					State Assessment Results:				
Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Exit/Monitor Status Documentation**  
*(for Students meeting qualifications to exit EL Services)*

MONITORING, continued									
Start Date		Date of Parent Notification		Expected date for CONCLUSION OF MONITOR STATUS <i>(Minimum of 4 years)</i>					
REPORT CARD AND STATE ASSESSMENT RESULTS									
YEAR 3					YEAR 4				
Grade level: _____		School Name:			Grade level: _____		School Name:		
CONTENT AREA	Q1	Q2	Q3	Q4	CONTENT AREA	Q1	Q2	Q3	Q4
ELA					ELA				
Math					Math				
Science					Science				
Social Studies					Social Studies				
Other					Other				
Other					Other				
State Assessment Results:					State Assessment Results:				
Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is student on track to graduate on time? <input type="checkbox"/> Yes <input type="checkbox"/> No				

If the information on this form indicates that the former EL student is struggling, indicate steps that will be taken to support the student and the results:

- Student was referred for intervention services (appropriate documentation must be completed)
- Student was referred for Counseling
- Student was referred for rescreening for EL services. In order for students to be re-entered in the EL program, they must retake the LAS Links placement test and meet qualifications. **(This should only be done if language is considered the primary cause for academic struggles.)**

**COMMENT(S)(Indicate steps taken to support the student):**