

**HARDEE COUNTY SCHOOL DISTRICT
ESOL INDIVIDUALIZED EDUCATION PLAN (IEP)
for
Current ELL Student**

Student Number _____ Student Name _____ IEP Date: _____

School Year: _____ School: _____ Grade: _____

Date Entered US Schools: _____ (Must do ReEval annually if 3 years since entering US Schools)

ELL Entry Date: _____

IPT Scores Initial ReEvaluation: Date _____

Listening _____ Speaking _____ Reading _____ Writing _____

Most Recent

ACCESS 2.0 Scores: Date _____ L _____ S _____ R _____ W _____ Composite _____

Most Recent

FSA Scores: Date _____ ELA _____

Teacher(s): _____

1. WHAT IS BEING DONE?

_____ ESOL Strategies	_____ Individualized Instruction
_____ Learning Centers	_____ Cooperative Learning
_____ Other _____	

2. WHO IS ASSISTING?

_____ ESOL Endorsed Teacher	_____ Parents
_____ Mentor	_____ Peer Tutor
_____ ESOL Para	_____ School Volunteer
_____ Other: _____	

3. RESOURCE MATERIALS :

_____ Supplemental Texts	_____ Supplemental Workbooks
_____ Supplemental Resources	_____ Computer Instruction
_____ Audio/Visual Resources	_____ Word to Word Translation dictionary
_____ Other: _____	

Comments: _____
