THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Bilingual /ESOL Department
ENGLISH LANGUAGE LEARNER (ELL) FOLDER

Student Name _____ FSI _____
                     (Last)   (First)   (Middle)

Date of Entry in United States School (DEUSS) _____ Entry in ESOL Program _____

Student Language _____ Parent Language _____

☐ Initial ELL Folder ☐ Replacement ☐ ELLSEP Folder included (English Language Learner Student Education Plan) if applicable

School Name_____ School Name_____ School Name_____
Year/Grade _____ Year/Grade _____ Year/Grade _____

❑ Programmatic Assessment (e.g. assessment instruments, report cards, transcripts) ❑ Current ***ELL Plan*** * ❑ Registration (Home Language Survey) ❑ Initial Oral Language Classification Assessment Form ❑ IPT Protocol Booklet(s) ❑ K-TEA (Gr. 3-12, if applicable) ❑ ***Parent Notification of Placement/ Continuation of Services in the ESOL Program (must be dated)*** * ❑ ***ELL Committee Invitation Letter(s)*** * ❑ ***Student Meeting Report(s) with signatures*** * ❑ Flexible Setting Accommodation Letter (when applicable) ❑ State Assessment Score Report(s) ❑ ***Parent Notification of Student Exiting from the ESOL Program (must be dated)*** * ☐ Other_____	❑ Programmatic Assessment (e.g. assessment instruments, report cards, transcripts) ❑ Current ***ELL Plan*** * ❑ Registration (Home Language Survey) ❑ Initial Oral Language Classification Assessment Form ❑ IPT Protocol Booklet(s) ❑ K-TEA (Gr. 3-12, if applicable) ❑ ***Parent Notification of Placement/ Continuation of Services in the ESOL Program (must be dated)*** * ❑ ***ELL Committee Invitation Letter(s)*** * ❑ ***Student Meeting Report(s) with signatures*** * ❑ Flexible Setting Accommodation Letter (when applicable) ❑ State Assessment Score Report(s) ❑ ***Parent Notification of Student Exiting from the ESOL Program (must be dated)*** * ☐ Other_____	❑ Programmatic Assessment (e.g. assessment instruments, report cards, transcripts) ❑ Current ***ELL Plan*** * ❑ Registration (Home Language Survey) ❑ Initial Oral Language Classification Assessment Form ❑ IPT Protocol Booklet(s) ❑ K-TEA (Gr. 3-12, if applicable) ❑ ***Parent Notification of Placement/ Continuation of Services in the ESOL Program (must be dated)*** * ❑ ***ELL Committee Invitation Letter(s)*** * ❑ ***Student Meeting Report(s) with signatures*** * ❑ Flexible Setting Accommodation Letter (when applicable) ❑ State Assessment Score Report(s) ❑ ***Parent Notification of Student Exiting from the ESOL Program (must be dated)*** * ☐ Other_____

_____   _____   _____
ESOL Contact Signature mm/dd/yyyy   ESOL Contact Signature mm/dd/yyyy   ESOL Contact Signature mm/dd/yyyy

*Items generated, saved or uploaded in ELLevation

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ELL Programmatic Assessment and Academic Placement Review

Programmatic assessment must be conducted to provide a basis for developing appropriate placement and scheduling. Trained school personnel must complete with parents/guardians <u>at the time of initial registration</u> 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**:** _____ 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   mm/dd/yyyy