

Ogden Preparatory Academy Child Assessment Team ELL Plan

Student: «Last_Name», «First_Name» Grade: «Grade» Date: 9/6/2016

Language Proficiency Information:

Primary Home Language: Spanish

Proficiency Level: «M_2015» (*Prior Year Proficiency Level:*)

Has the student moved up a proficiency level: YES _____ NO _____

Current Services:

Special Education Plan: YES _____ NO _____ 504 Plan: YES _____ NO _____

EL Plan:

List specific accommodations student should receive due to LEP status:

- | | |
|---|--|
| <input type="checkbox"/> Interpreter signs test directions in ASL (SD) | <input type="checkbox"/> Student responds using a recording device, which is played back and transcribed by student (RD) |
| <input type="checkbox"/> Manual control of item audio (MC) | <input type="checkbox"/> Student responds using a braille writer or braille note taker (BW) |
| <input type="checkbox"/> Repeat item audio (RA) | <input type="checkbox"/> Student uses assistive technology (AT) |
| <input type="checkbox"/> Human Reader (not available on reading portion) | <input type="checkbox"/> Non-school setting (NS) |
| <input type="checkbox"/> Large print version of test (LP) | <input type="checkbox"/> Extended Speaking test response time (ES) |
| <input type="checkbox"/> Braille version of test (BR) | <input type="checkbox"/> Extended testing time within the school day (ET) |
| <input type="checkbox"/> Scribed response (SR) | <input type="checkbox"/> Extended testing of a test domain over multiple days (EM) |
| <input type="checkbox"/> Word processor or similar keyboarding device | |
| <input type="checkbox"/> Student responds orally using external augmentative and/or alternative communication device or software (AC) | |

Date of follow-up meeting if needed: _____

Team Members Present:

Chairperson's Name/Title

Member Name/Title

Member Name/Title

Member Name/Title

Member Name/Title

Member Name/Title