

**Ogden Preparatory Academy Child Assessment Team ELL Plan**

Student: «Last\_Name», «First\_Name»      Grade: «Grade»      Date: 9/27/2017

**Language Proficiency Information:**

Primary Home Language:    Spanish

Proficiency Level:    «M\_17»

Has the student moved up a proficiency level:    YES \_\_\_\_\_    NO \_\_\_\_\_

**Current Services:**

Special Education Plan:    YES \_\_\_\_\_    NO \_\_\_\_\_      504 Plan:    YES \_\_\_\_\_    NO \_\_\_\_\_

**EL Plan:**

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**List specific accommodations student should receive due to LEP status:**

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Date of follow-up meeting if needed: \_\_\_\_\_

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**Team Members Present:**

\_\_\_\_\_  
Chairperson's Name/Title

\_\_\_\_\_  
Member Name/Title

\_\_\_\_\_  
Member Name/Title

\_\_\_\_\_  
Member Name/Title

\_\_\_\_\_  
Member Name/Title

\_\_\_\_\_  
Member Name/Title