

School: _____

GLADES COUNTY
ENGLISH LANGUAGE LEARNERS (ELL)
ELL STUDENT PLAN

Student Name _____ Student ID# _____ Race: _____ Sex: _____

Original Placement Date _____ Date of Birth _____ Primary/Home Language _____

Parent Name _____ Address: _____ Phone: _____

Basis for Non-placement/Initial Placement: A
Change in Placement _____ Date _____

Elementary Instructional Programs (Minutes Served) 2000 mpw
(For Grades 7-12, attach student schedule)

Date of Placement/ Change/Plan	Name of Test/Subtest	Date of Test	Score / Level	Date ELL Committee	ESOL	Title 1	Other	Review Date	Name of Test/Subtest	Score / Level	Signature / ESOL Teacher (First Initial & Last Name)	Grade

	Date	Signature	Monitoring of former ELL students:	Date	Signature
Non Eligible for ESOL			First Report Card		
Exit Due to Fluent English Language			First Semi-Annual		
ELL Committee approval is needed to receive FTE funding after 3 rd year.)			Second Semi-Annual		
Approved for 4 th year			End of Second Year		
Approved for 5 th year					
Approved for 6 th year					

Record of ELL Committee meeting: (Must date and initial after each entry.)

Comments: _____

School Counselor: _____

Comments: _____

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Comments: _____

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Comments: _____

School Counselor: _____

Comments: _____

School Counselor: _____

Comments: _____

School Counselor: _____