I. STUDENT INFORMATION	II. REASON NOT RECEIVING ESL SERVICES		III. ESL PROGRAM TYPE	

I. STUDENT INFORMATION

Student Name: _____

_____
Last   First   MI

ID#:_____

DOB: _____

Date of Registration: _____
Home Language Survey:

1. # answers other than English:____

2. Language on HLS: -____

If All English, STOP here

II. REASON NOT RECEIVING ESL SERVICES

❑ **PIT** (Passed Initial Testing)
❑ **MA** (Met All Criteria needed)
❑ **PW** (Parental Waiver)

❑**SPED**
(Special Education)

Supporting Documentation for *Exit Criteria*:

❑ 1. Teacher Recommendation(s)	❑ 7. Parent Waiver signed
❑ 2. NNRT **30th** percentile or above	❑ 8. Exit Form completed
❑ 3. Grades meet criteria	❑ 9. IEP reviewed
❑ 4. Passed LAS Oral	
❑ 5. Passed LAS R/W	**Effective Date**
❑ 6. Passed LAS Links	

III. ESL PROGRAM TYPE

1 Pull out
2 Sheltered (Elementary)
3 Sheltered (Secondary)
4 Consultation
5 SPED (not receiving ESL Services)

6 Follow up 1st year (MA, and PW)
7 Follow up 2nd year (MA)
8 No Placement (Not yet assessed)
0 None (MA Who have completed 2 yrs of follow up and PIT)

BLANK = ALL ENGLISH

Special Education Student:
____Yes ____No

_____ ESL service indicated in IEP

_____ ESL Service not indicated in IEP

IV. ASSESSMENT INFORMATION

Grade	GDOE School Code	LAS Links Level &Form	LAS Links Date	LAS Links Speaking	LAS Links Listening	LAS Links Reading	LAS Links Writing	LAS Links Overall Proficiency	LAS Links Oral Prof.	LAS Links Comp.	LAS Placement Test Date	LAS Placement Level	NNR Test %ile rank	Program Type	Date Updated	Initials
-1																
K																
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

See Reverse for ESL Modifications/Accommodations Reports Code List

ENVIRONMENT		MATERIALS	
Code	Description	Code	Description
E1	Allow breaks between tasks	M1	Adjust amount of work presented or required to be learned
E2	Allow extra time in and outside of class to complete work	M2	Use worksheets with fill-in the blank, true/false, and multiple choice questions
E3	Allow student to sit near teacher or student role models	M3	Provide supplementary materials to enhance Comprehension
E4	Label objects in the room	M4	Provide summary or outline of lecture or lesson
E5	Post assistive visuals around the classroom	M5	Provide manipulatives
E6	Provide a low-anxiety learning environment	M6	Provide vocabulary listing
E7	Write all assignments on the board in print	M7	Use of visuals, models, realia

LESSONS		ASSESSMENT	
Code	Description	Code	Description
L1	Adjust the amount of work presented or required	A1	Accept student generated work (projects, timelines, models)
L2	Allow peer assistance or tutoring	A2	Allow more time to take the test or test in sections
L3	Check for comprehension/understanding	A3	Allow note cards or open book during testing
L4	Cooperative learning groups	A4	Allow spelling, punctuation, grammar errors
L5	Provide guided practice	A5	Allow student to retake test
L6	Provide Hands-on activities	A6	Allow tests to be read orally and oral answers
L7	Provide opportunities to use language in pairs or small groups	A7	Provide alternative test with simplified language
L8	Repeat instructions using simple words and phrases	A8	Provide study guide in advance of the test
L9	Simplify instructions, limit steps	A9	Reduce number of test items
L10	State and post clear content and language objectives	A10	Use alternative evaluative methods
L11	Teach Key Vocabulary	A11	Use modified grading scale
L12	Teach note-taking skills	A12	Use of portfolios to document progress
L13	Use graphic organizers and/or visuals	A13	Use rubric as a scoring tool
L14	Use samples of completed work as models	A14	Use true/false, matching, fill-in-the blank

Complete ALL the information applicable on this form before filing in the student's school folder.

I. Student Information

1. Enter student's information as indicated: Full name, School ID number, Date of birth
2. Enter the date student registered for the first time and/or completed the Home Language Survey that indicates a language other than English
3. Enter the Home Language Survey Information:
    - ❖ #1 How many questions on the HLS indicate a language other than English
    - ❖ #2 Enter the language(s) indicated on the HLS. **If both English and another language were answered then indicate the language other than English.**
4. If HLS answers are 0 and English to the above questions STOP there, no other information needs to be entered

II. Reason Not Receiving ESL Services

1. Check one of the following: PIT = Passed Initial Testing; MA = Met all criteria to exit; PW = Parent Waiver; SPED = in Special Education and IEP indicates no ESL service
2. Check each item (1-9) that corresponds to the item checked in #1 above
3. Enter the effective date of MA, PW, or SPED (date of decision to stop ESL services)

III. Program Type

Program Type numbers are listed here for easy reference to be entered in Part IV Program Type.

2. Special Education Information:
    - ❖ Is student in Special Education? Check yes or no
    - ❖ Check whether the IEP requires ESL services or not

IV. Assessment Information

1. Grade: Indicate the student's current grade level (grade level when the PEP is being updated)
2. GDOE School Code: Enter your school's code (see school code listing, Appendix F-2 in the of ESL Procedural Manual)
3. LAS Links form used
4. Date LAS Links Test was completed
5. LAS Links Speaking Proficiency Level
6. LAS Links Listening Proficiency Level
7. LAS Links Reading Proficiency Level
8. LAS Links Writing Proficiency Level
9. LAS Links Overall Proficiency Level
10. LAS Links Oral Proficiency Level
11. LAS Links Comprehension Proficiency Level
12. LAS Links Placement Test Date
13. LAS Links Placement Proficiency Level
14. NNRT %ile rank: Enter the student's most current average of the reading and language subtest from a nationally norm referenced test (such as ACTAspire)
15. Program Type: Enter the corresponding number for the student's program type for the current school year
16. Date Updated: Enter the date when the PEP was updated.
17. Initials: Personnel updating the PEP should sign their initials in this column.