



DISTRICT SCHOOLS
Student Services
ELL UPDATE / EXIT FORM

INSTRUCTIONS: To be used to record a change in the program status of an ELL student exit, post-exit monitoring, or reclassification.

STUDENT DATA

Student Name	Student Number	Grade	ELL Category
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TESTING AND MONITORING DATA

Name of Test: _____ Date given: _____

TEST DATA: S: Score L: Level 1: Non-English Speaker 2,3:
Limited English Speaker 4,5: Fluent English Speaker

Date:			Assessm ent						
List ening	S: L:	Speaking	S: L:	Reading	S: L:	Writ ing	S: L:	Compre hension	S: L:

Monitoring Data:

Period	Date	Factor Examined	Results

Reclassification: Student meets criteria to reenter ELL Program:
 Yes No N/A

Factors Considered: _____ Date: _____

EXIT FROM PROGRAM

Signature of Parent: _____
Date: _____

Signature of ELL Teacher/Designee: _____
Date: _____

Signature of ELL School Representative: _____
Date: _____

Copy: District Officer, Parent, Data Clerk



INSTRUCTIONS: To be completed by the school ELL Committee when Student is referred to committee.

Student's Name: _____ ID#: _____
 DOB: _____

Assigned School: _____ Grade: _____ Date: _____

Placement in regular class with Teacher using ELL strategies

Subject	Service Plan	Minutes per week

Annual Goals/Objectives	Criterion for Mastery	Evaluation Procedures

Other Classes or Programs (categorical programs, i.e. REACH, Title I, Migrant, Exceptional Student Education, etc.)

Program	Service Plan	Minutes per week

Participant Signature	Title

Note: The only signature required is that of the School Representative unless the Plan resulted from an ELL Committee meeting.



DISTRICT SCHOOLS

Student Services

ENGLISH LANGUAGE LEARNERS COMMITTEE PROGRAM

Student's Name: _____ ID#: _____

Date: _____

School: _____ Grade: _____ DOB: _____

Purpose of Committee Meeting: _____

Factors Considered: _____

Findings: _____

Recommendations: _____

Signature of Participant	Title

All of the above recommendations of the committee have been understood
YES NO

Parent Signature: _____ Date: _____

Communicated to Parent: English Other: _____

Translator's Signature: _____

Date: _____ Copy: District Officer, Parent, Data Clerk



DISTRICT SCHOOLS
 Student Services
ELL ELIGIBILITY FORM

INSTRUCTIONS: This form is to be completed by ELL staff to determine eligibility for ELL program.
ELL PROGRAM ELIGIBILITY

Student Name	Date of Birth	School	Grade
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Purpose:

Initial Identification Exit Identification
 Reclassification Evaluation

Information used as basis for proposed action:

Name of Test: _____ Date given: _____

TEST DATA: S: Score L: Level 1: Non-English Speaker 2,3: Limited English Speaker
 4,5: Fluent English Speaker

Date:			Assessment						
Listening	S: L:	Speaking	S: L:	Reading	S: L:	Writing	S: L:	Comprehension	S: L:

Other Factors

Test Codes:

Basis of Entry/Exit _____

Classification Date _____ Exit Date _____

Reclassification Date _____

PROPOSED ACTION:

- Based on the above information, the student DOES meet eligibility requirements for the ESOL Program.
- Based on the above information, the student DOES NOT meet eligibility requirements for the ESOL Program.
- Based on the above information, the student is eligible for EXIT from the ELL Program.
- Based on the above information, the student is REFERRED to the school ELL Committee.
- Based on the above information, the student will be monitored by the guidance counselor or assigned staff for one year, then eligibility will be reviewed.