



MIAMI-DADE COUNTY PUBLIC SCHOOLS
INDIVIDUAL LEP STUDENT PLAN
SECONDARY

Student Information			
Name: _____	Current School	Grade	School Year
LD. _____	Entry Date: _____		
Date of Birth: _____			
Place of Birth: _____	Previous School Grade School Year		
Student Language: _____			
Parent/Guardian Language: _____	Withdrawal Date: _____		
Entry Date to M-DCPS: _____			

Initial Assessment/Placement in ESOL Program			
English Language Proficiency Assessment Instrument: _____			
Assessment Date (MM/DD/YY): _____ Score: _____ ESOL Level: _____			
Basis of Entry: <input type="checkbox"/> Aural/Oral <input type="checkbox"/> LEP Committee			
Reading/Writing (Grades 6-12)			
Metropolitan Achievement Test (MAT-7):	Reading Subtest	_____	%tile
	Language Subtest	_____	%tile
ESOL Program Initial Entry Date (MM/DD/YY): _____			

Program Exit Information			
English Language Proficiency Assessment Instrument: _____			
Assessment Date (MM/DD/YY): _____ Score: _____ ESOL Level: _____			
Basis of Exit: <input type="checkbox"/> Aural/Oral <input type="checkbox"/> Reading/Language <input type="checkbox"/> LEP Committee			
Reading (Grades 6-12)			
<input type="checkbox"/> Metropolitan Achievement Test (MAT-7) or	Reading Subtest	_____	%tile
<input type="checkbox"/> Florida Comprehensive Assessment Test (FCAT-NRT) (Grades 6-10)			
AND			
Writing (Grades 6-12)			
<input type="checkbox"/> Metropolitan Achievement Test (MAT-7)	Language Subtest	_____	%tile

ESOL LEVEL AND PROGRAM UPDATE INFORMATION

Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
Teacher Signature: _____		School: _____	
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
Teacher Signature: _____		School: _____	
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
Teacher Signature: _____		School: _____	
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
Teacher Signature: _____		School: _____	
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
Teacher Signature: _____		School: _____	
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
Teacher Signature: _____		School: _____	
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
Teacher Signature: _____		School: _____	
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
Teacher Signature: _____		School: _____	

PROGRAM PARTICIPATION - Print and file schedule with LEP Plan

M/J Language Arts Through ESOL	English Through ESOL	Scheduled by grade level			
M/J Developmental Language Arts Through ESOL	Developmental Language Arts Through ESOL	Scheduled by ESOL levels I, II, III, & IV			
BASIC SUBJECT AREAS		Identify with an X the strategies used for program delivery. BCC (Level I and II) and/or CCE/ESOL (Level I, II, III, and IV)			
		Science	Social Sciences	Mathematics	Computer Literacy
Grade: _____ Date: _____		<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL
Grade: _____ Date: _____		<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL
Grade: _____ Date: _____		<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL
Grade: _____ Date: _____		<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL	<input type="checkbox"/> BCC <input type="checkbox"/> CCE/ESOL

POST PROGRAM REVIEW

TO BE COMPLETED BY THE LANGUAGE ARTS/READING TEACHER

End of First Grading Period after exiting	<input type="checkbox"/> Making appropriate progress/continue in regular program	<input type="checkbox"/> Refer to LEP Committee	<input type="checkbox"/> Other (specify) _____ _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

End of First Semester after exiting	<input type="checkbox"/> Making appropriate progress/continue in regular program	<input type="checkbox"/> Refer to LEP Committee	<input type="checkbox"/> Other (specify) _____ _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

End of First Year after exiting	<input type="checkbox"/> Making appropriate progress/continue in regular program	<input type="checkbox"/> Refer to LEP Committee	<input type="checkbox"/> Other (specify) _____ _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/-YY): _____		

End of Second Year after exiting	<input type="checkbox"/> Making appropriate progress/continue in regular program	<input type="checkbox"/> Refer to LEP Committee	<input type="checkbox"/> Other (specif~) _____ _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

LEP COMMITTEE MEETINGS

<p><i>Complete information below to support decision:</i></p> <p>Purpose for meeting: _____</p> <p>Recommendations: _____</p> <p>_____</p> <p>Rationale for recommendations (min. of 2): _____</p> <p>_____</p> <p><input type="checkbox"/> Continue <input type="checkbox"/> Exit <input type="checkbox"/> Retain</p> <p><input type="checkbox"/> Request for CST/SST** Assistance <input type="checkbox"/> Reclassify as ESOL Level IV</p> <p><input type="checkbox"/> Other _____</p>	<p>Grade: _____ Date: _____</p> <p>Members: _____</p> <p>Administrator _____</p> <p>ESOL Teacher _____</p> <p>Content Teacher _____</p> <p>Teacher _____</p> <p>Counselor _____</p> <p>Parent _____</p> <p>Other _____</p>
<p><i>Complete information below to support decision:</i></p> <p>Purpose for meeting: _____</p> <p>Recommendations: _____</p> <p>_____</p> <p>Rationale for recommendations (min. of 2): _____</p> <p>_____</p> <p><input type="checkbox"/> Continue <input type="checkbox"/> Exit <input type="checkbox"/> Retain</p> <p><input type="checkbox"/> Request for CST/SST** Assistance <input type="checkbox"/> Reclassify as ESOL Level IV</p> <p><input type="checkbox"/> Other _____</p>	<p>Grade: _____ Date: _____</p> <p>Members: _____</p> <p>Administrator _____</p> <p>ESOL Teacher _____</p> <p>Content Teacher _____</p> <p>Teacher _____</p> <p>Counselor _____</p> <p>Parent _____</p> <p>Other _____</p>
<p><i>Complete information below to support decision:</i></p> <p>Purpose for meeting: _____</p> <p>Recommendations: _____</p> <p>_____</p> <p>Rationale for recommendations (min. of 2): _____</p> <p>_____</p> <p><input type="checkbox"/> Continue <input type="checkbox"/> Exit <input type="checkbox"/> Retain</p> <p><input type="checkbox"/> Request for CST/SST** Assistance <input type="checkbox"/> Reclassify as ESOL Level IV</p> <p><input type="checkbox"/> Other _____</p>	<p>Grade: _____ Date: _____</p> <p>Members: _____</p> <p>Administrator _____</p> <p>ESOL Teacher _____</p> <p>Content Teacher _____</p> <p>Teacher _____</p> <p>Counselor _____</p> <p>Parent _____</p> <p>Other _____</p>

**Child Study Team/School Support Team