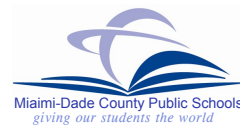


MIAMI-DADE COUNTY PUBLIC SCHOOLS
INDIVIDUAL LEP STUDENT PLAN
ELEMENTARY



Name: _____

I.D.: _____

Additional Student Information	School	Grade	Year
Date of Birth: _____	_____	_____	_____
Place of Birth: _____	_____	_____	_____
Student Language: _____	_____	_____	_____
Parent/Guardian Language: _____	_____	_____	_____
Entry Date to M-DCPS: _____	_____	_____	_____
_____	_____	_____	_____

Initial Assessment/Placement in ESOL Information

English Language Proficiency Assessment: _____

Assessment Date (MM/DD/YY): _____ Score: _____ ESOL Level: _____

Basis of Entry: Aural/Oral LEP Committee

Reading/Writing (Grades 4-5/6)

Metropolitan Achievement Test (MAT-7) Reading Subtest _____ %ile
 Other: _____ Language Subtest _____ %ile

ESOL Program Initial Entry Date (MM/DD/YY): _____

ESOL Program Re-entry Date(s) (MM/DD/YY): _____

Program Exit Information

English Language Proficiency Assessment: _____

Assessment Date (MM/DD/YY): _____ Score: _____ ESOL Level: _____

Basis of Exit: Aural/Oral Reading/Language LEP Committee

Reading/Writing (Grades 4-5/6)

Metropolitan Achievement Test (MAT-7) *or* Reading Subtest _____ %ile
 Florida Comprehensive Assessment Test (FCAT-NRT) (Grades 4-5/6)
AND
 Metropolitan Achievement Test (MAT-7) Language Subtest _____ %ile
 Other: _____

ESOL Program Exit Date (MM/DD/YY): _____

ESOL LEVEL AND PROGRAM UPDATE INFORMATION

Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			

PROGRAM PARTICIPATION

LANGUAGE ARTS/READING/ESOL	ESOL I, II, III, & IV Instructional time equals two hours daily							
HOME LANGUAGE ARTS	Spanish S or Haitian Creole 150 minutes weekly minimum							
BASIC SUBJECT AREAS	Identify with an X the strategies used for the program delivery. CCHL (Level I and II) and/or CCE/ESOL (Level I, II, III, and IV)							
	Grade: _____ Date (MM/DD/YY): _____		Grade: _____ Date (MM/DD/YY): _____		Grade: _____ Date (MM/DD/YY): _____		Grade: _____ Date (MM/DD/YY): _____	
	CCHL	CCE/ ESOL	CCHL	CCE/ ESOL	CCHL	CCE/ ESOL	CCHL	CCE/ ESOL
	Science							
Social Studies								
Mathematics								

PROMOTION/RETENTION OF THIRD GRADE STUDENTS

Date (MM/DD/YY): _____

Meets Sunshine State Standards in reading → Promoted

Does not meet Sunshine State Standards in reading:

Promoted - good cause exemption # _____

Retained (*Refer to LEP Committee Meetings section.*)

Teacher Signature: _____ School: _____

POST PROGRAM REVIEW

TO BE COMPLETED BY THE LANGUAGE ARTS/READING TEACHER

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 (specify) _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

LEP COMMITTEE MEETINGS

Grade: _____ Date: ____/____/____ Members: Administrator _____ ESOL Teacher _____ BSHL* Teacher _____ Teacher _____ Counselor _____ Parent _____ Other _____ <i>Complete information below to support decision:</i> Purpose for meeting: _____ _____ Recommendations: _____ _____ _____ Rationale for recommendations (minimum of 2): _____ _____ _____ <input type="checkbox"/> Continue <input type="checkbox"/> Exit <input type="checkbox"/> Retain <input type="checkbox"/> Initiate AIP (Refer to AIP attachment[s]) <input type="checkbox"/> Copy of AIP sent to parent <input type="checkbox"/> Request for CST/SST** Assistance <input type="checkbox"/> Reclassify as ESOL Level IV <input type="checkbox"/> Other _____	Grade: _____ Date: ____/____/____ Members: Administrator _____ ESOL Teacher _____ BSHL* Teacher _____ Teacher _____ Counselor _____ Parent _____ Other _____ <i>Complete information below to support decision:</i> Purpose for meeting: _____ _____ Recommendations: _____ _____ _____ Rationale for recommendations (minimum of 2): _____ _____ _____ <input type="checkbox"/> Continue <input type="checkbox"/> Exit <input type="checkbox"/> Retain <input type="checkbox"/> Initiate AIP (Refer to AIP attachment[s]) <input type="checkbox"/> Copy of AIP sent to parent <input type="checkbox"/> Request for CST/SST** Assistance <input type="checkbox"/> Reclassify as ESOL Level IV <input type="checkbox"/> Other _____	Grade: _____ Date: ____/____/____ Members: Administrator _____ ESOL Teacher _____ BSHL* Teacher _____ Teacher _____ Counselor _____ Parent _____ Other _____ <i>Complete information below to support decision:</i> Purpose for meeting: _____ _____ Recommendations: _____ _____ _____ Rationale for recommendations (minimum of 2): _____ _____ _____ <input type="checkbox"/> Continue <input type="checkbox"/> Exit <input type="checkbox"/> Retain <input type="checkbox"/> Initiate AIP (Refer to AIP attachment[s]) <input type="checkbox"/> Copy of AIP sent to parent <input type="checkbox"/> Request for CST/SST** Assistance <input type="checkbox"/> Reclassify as ESOL Level IV <input type="checkbox"/> Other _____
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* **Basic Skills in the Home Language**
 ****Child Study Team/School Support Team**

School Year 200__-200__ STATE ASSESSMENT RESULTS (see attached)											
Reading <input type="checkbox"/> AIP Initiated			Writing <input type="checkbox"/> AIP Initiated			Mathematics <input type="checkbox"/> AIP Initiated			Science <input type="checkbox"/> AIP Initiated		
Developmental Scale Score:		Level:	N E P		Developmental Scale Score:		Level:	FCAT SSS Score:		Level:	
Content Area Scores	Words and Phrases	_____	_____			Content Area Scores	Number Sense	_____	Content Area Scores	Physical and Chemical	_____
	Main Idea, Plot, and Purpose	_____					Measurement	_____		Earth and Space	_____
	Comparisons and Cause/Effect	_____					Geometry/Spatial Sense	_____		Life and Environmental	_____
	Reference and Research	_____					Algebraic Thinking	_____		Scientific Thinking	_____
FCAT NRT Percentile:		Stanine:			FCAT NRT Percentile:		Stanine:	FCAT NRT Percentile:		Stanine:	

School Year 200__-200__ STATE ASSESSMENT RESULTS (see attached)											
Reading <input type="checkbox"/> AIP Initiated			Writing <input type="checkbox"/> AIP Initiated			Mathematics <input type="checkbox"/> AIP Initiated			Science <input type="checkbox"/> AIP Initiated		
Developmental Scale Score:		Level:	N E P		Developmental Scale Score:		Level:	FCAT SSS Score:		Level:	
Content Area Scores	Words and Phrases	_____	_____			Content Area Scores	Number Sense	_____	Content Area Scores	Physical and Chemical	_____
	Main Idea, Plot, and Purpose	_____					Measurement	_____		Earth and Space	_____
	Comparisons and Cause/Effect	_____					Geometry/Spatial Sense	_____		Life and Environmental	_____
	Reference and Research	_____					Algebraic Thinking	_____		Scientific Thinking	_____
FCAT NRT Percentile:		Stanine:			FCAT NRT Percentile:		Stanine:	FCAT NRT Percentile:		Stanine:	

School Year 200__-200__ STATE ASSESSMENT RESULTS (see attached)											
Reading <input type="checkbox"/> AIP Initiated			Writing <input type="checkbox"/> AIP Initiated			Mathematics <input type="checkbox"/> AIP Initiated			Science <input type="checkbox"/> AIP Initiated		
Developmental Scale Score:		Level:	N E P		Developmental Scale Score:		Level:	FCAT SSS Score:		Level:	
Content Area Scores	Words and Phrases	_____	_____			Content Area Scores	Number Sense	_____	Content Area Scores	Physical and Chemical	_____
	Main Idea, Plot, and Purpose	_____					Measurement	_____		Earth and Space	_____
	Comparisons and Cause/Effect	_____					Geometry/Spatial Sense	_____		Life and Environmental	_____
	Reference and Research	_____					Algebraic Thinking	_____		Scientific Thinking	_____
FCAT NRT Percentile:		Stanine:			FCAT NRT Percentile:		Stanine:	FCAT NRT Percentile:		Stanine:	

Miami-Dade County Public Schools
Elementary Academic Improvement Plan (AIP) for LEP Students
School Year 200 ____ - 200 ____

Student Name: _____ ID # _____ Teacher: _____

READING											
Areas Assessed											
Date	Assessment Instrument(s)	Phonemic Awareness		Phonics		Fluency		Vocabulary		Comprehension	
		Intervention Required		Intervention Required		Intervention Required		Intervention Required		Intervention Required	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Within 1 st Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
Within 2 nd Nine Weeks	Specific Needs	Interventions/Strategies				
Within 3 rd Nine Weeks	Specific Needs	Interventions/Strategies				
Within 4 th Nine Weeks	Specific Needs	Interventions/Strategies				

Monitoring Status Codes - If a student receives an "IP" insufficient progress or "SP" some progress toward mastery of content area, interventions continue in the next nine weeks. If student receives an "IP" after two nine-week periods interventions **must** be changed. If a student receives an "M", mastery has been achieved in content area.

Parent/Guardian Signature	Date	Student Signature (Optional for Primary)	Date
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Miami-Dade County Public Schools
Elementary Academic Improvement Plan (AIP) for LEP Students
School Year 200 ____ - 200 ____

Student Name: _____ ID # _____ Teacher: _____

WRITING									
Areas Assessed									
Date	Narrative			Expository			Persuasive		
	Assessment	Intervention Required		Assessment	Intervention Required		Assessment	Intervention Required	
		Yes	No		Yes	No		Yes	No

Within 1 st Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M

Monitoring Status Codes - If a student receives an "IP" insufficient progress or "SP" some progress toward mastery of content area, interventions continue in the next nine weeks. If student receives an "IP" after two nine-week periods interventions **must** be changed. If a student receives an "M", mastery has been achieved in content area.

Parent/Guardian Signature	Date	Student Signature (Optional for Primary)	Date
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Miami-Dade County Public Schools
Elementary Academic Improvement Plan (AIP) for LEP Students
School Year 200 _____ - 200 _____

Student Name: _____ ID # _____ Teacher: _____

MATHEMATICS											
Areas Assessed (Strands)											
Date	Assessment Instrument(s)	Number Sense, Concepts, and Operations		Measurement		Geometry/Spatial Sense		Algebraic Thinking		Data Analysis and Probability	
		Intervention Required		Intervention Required		Intervention Required		Intervention Required		Intervention Required	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Within 1 st Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
				IP	SP	M
				IP	SP	M
Within 2 nd Nine Weeks				IP	SP	M
				IP	SP	M
				IP	SP	M
Within 3 rd Nine Weeks				IP	SP	M
				IP	SP	M
				IP	SP	M
Within 4 th Nine Weeks				IP	SP	M
				IP	SP	M
				IP	SP	M

Monitoring Status Codes - If a student receives an "IP" insufficient progress or "SP" some progress toward mastery of content area, interventions continue in the next nine weeks. If student receives an "IP" after two nine-week periods interventions **must** be changed. If a student receives an "M", mastery has been achieved in content area.

Parent/Guardian Signature	Date	Student Signature (Optional for Primary)	Date
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Miami-Dade County Public Schools
Elementary Academic Improvement Plan (AIP) for LEP Students
School Year 200 ____ - 200 ____

Student Name: _____ ID # _____ Teacher: _____

SCIENCE									
Areas Assessed (Clusters)									
Date	Assessment Instrument(s)	Physical and Chemical Science		Earth and Space Science		Life and Environmental Science		Scientific Thinking	
		Intervention Required		Intervention Required		Intervention Required		Intervention Required	
		Yes	No	Yes	No	Yes	No	Yes	No

Within 1 st Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
Within 2 nd Nine Weeks	Specific Needs	Interventions/Strategies				
Within 3 rd Nine Weeks	Specific Needs	Interventions/Strategies				
Within 4 th Nine Weeks	Specific Needs	Interventions/Strategies				

Monitoring Status Codes - If a student receives an "IP" insufficient progress or "SP" some progress toward mastery of content area, interventions continue in the next nine weeks. If student receives an "IP" after two nine-week periods interventions **must** be changed. If a student receives an "M", mastery has been achieved in content area.

Parent/Guardian Signature	Date	Student Signature (Optional for Primary)	Date
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