**EL Individual Folder Checklist**

<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Documentation</th>
<th>Sign Off/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>1. Home Language Survey</td>
<td></td>
</tr>
<tr>
<td>EL Teacher/Counselor</td>
<td>2. W-APT score sheets</td>
<td></td>
</tr>
<tr>
<td>EL Teacher/Counselor/Admin</td>
<td>3. Initial ESOL Referral Form</td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>4. Notification of placement in EL program</td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>5. *Original Parental Waiver of ESOL Services Form (if applicable)</td>
<td></td>
</tr>
<tr>
<td>EL Teacher</td>
<td>6. TPC form with 3 or more signatures</td>
<td></td>
</tr>
<tr>
<td>EL Teacher</td>
<td>7. EL Receipt of Accommodations Form signed by teachers (if applicable, within 30 days of start date).</td>
<td></td>
</tr>
<tr>
<td>EL Teacher</td>
<td>8. EL Data Team Form</td>
<td></td>
</tr>
<tr>
<td>EL/Special Ed Teacher</td>
<td>9. *Supporting documents of ESOL teachers' collaborative activities if served primarily through SPED b/c of severe disabilities or parent has waived ESOL services</td>
<td></td>
</tr>
<tr>
<td>EL Teacher/Parent Involvement Coor.</td>
<td>10. *LAC Form (If EL-M by LAC-Must have with all other exiting documents including meeting sign in/minutes)</td>
<td></td>
</tr>
<tr>
<td>EL Teacher</td>
<td>11. *Monitoring documents for EL-Ms</td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>12. ACCESS Teacher Score Reports</td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>13. Copy of Parent ACCESS score report letter and parent score report</td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td>14. *Copy of AMAO Letter if District Failed to meet AMAO</td>
<td></td>
</tr>
<tr>
<td>EL Teacher</td>
<td>15. Copies of meeting invitations sent to parents</td>
<td></td>
</tr>
</tbody>
</table>

* Only required in certain circumstances

Please contact Melanie Lovett (Parent Involvement Coor.) for any documents that need translation or if an interpreter is needed.

The EL teacher is responsible for keeping this folder up to date.

Scan and email updated required documents to jimthomp@screven.k12.ga.us

The Assistant Principal is responsible for monitoring the folder for accuracy.

The Title III Director will monitor bi-annually for state compliance.
Screven County School District
Initial ESOL Referral

<table>
<thead>
<tr>
<th>Name: (last)</th>
<th>Name: (first)</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

Birth date: / /  
Native Language:  
Birth Country:  
Home telephone #:  
Work telephone #:  
Student Number: / /  
Date of U.S. School Entry: / /  
Date of Screven County Entry: / /  
Current Grade Placement:  
Parents speak and or read English: Yes  No  Some

Contact person who can interpret: Relationship:  
Name:  
Home telephone #:  
Work telephone #:  

---

**Educational Background**

Did the student previously attend U.S. Schools? Yes  No  # of years  
If yes, did the student receive ESOL or bilingual instruction? Yes  No  # of years  
Does student have evidence of Interrupted / Low Schooling? Yes  No  Last grade completed  

---

**Placement Testing**

<table>
<thead>
<tr>
<th>Date</th>
<th>Test</th>
<th>Grade Cluster</th>
<th>Raw Score / Oral Proficiency Score or Skills Description</th>
<th>Composite Proficiency Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>W-APT</td>
<td>K</td>
<td>L &amp; S <em><strong><strong><strong>/</strong></strong></strong></em>_</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(complete R &amp; W only if administered)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(R____/____  W____/____)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Test</th>
<th>Grade Cluster</th>
<th>Total Score / Proficiency Level (from conversion table)</th>
<th>Composite Proficiency Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>W-APT</td>
<td>1-2</td>
<td>L____/____ S____/____</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6-8</td>
<td>R____/____ W____/____</td>
<td></td>
</tr>
</tbody>
</table>

---

**Recommendations:**

The student is **eligible** for ESOL instruction.  
The student is **not eligible** for ESOL instruction.  

Comments: [optional]  

Evaluator’s Signature: ___________________________  Date: ___________________________
Test Participation Documentation (TPC) for Eligible EL Students

EL Test Participation Committee (EL/TPC) Meeting Date__________________________

Student_________________________________________ Grade_________School______________

Date of Entry in U.S. school: mo____ yr____

Student GTID # _______ DOB_________

Is the student eligible for ESOL services? (Indicate the student’s proficiency level on the state-approved eligibility screener in accordance with SBOE Rule 160-4-5-.02)

Student’s proficiency level _____________

_____Yes (Proceed to Part One)

_____No (STOP!) THIS STUDENT CANNOT BE CODED AS EL OR CONSIDERED FOR ACCOMMODATIONS PER SBOE RULES 160-3-1-.07 AND 160-4-5-.02)

Part One: Consideration of Deferment

1. Will the administration of the assessment occur during the first 12 months of the student’s initial entry into a U. S. school? _____Yes (continue) _____No (go to Part Two)

2. Will the student participate in the state adopted English proficiency assessment (ACCESS for ELLs or Alternate ACCESS for ELLs)?

_____Yes (continue) _____No (Student cannot be deferred; proceed to Part Two)

3. Does the student’s limited proficiency in English indicate assessment in content areas other than mathematics and science is NOT in the best educational interest of the student?

_____Yes (continue) _____No (go to Part Two)

Note: Students must participate in mathematics and science assessments and all EOCT. A deferment is not permitted on the mathematics and science portions of any of the assessments listed below; no EOCT may be deferred.

4. Assessments to be deferred: _____CRCT _____CRCT-M _____GAA _____GHSGT _____GKIDS

_____GHSWT _____3nd/5th/8th Grade Writing Assessments _____Local Assessment
Part Two: Consideration of Accommodations

1. Will the student participate in all required assessments without accommodations?

   ___Yes (Stop here) ______No (Continue with number 2)

2. Determine the accommodations the student needs in order to meaningfully participate in each assessment this school year and document them using the appropriate form. These accommodations will be taken from Table 5, found in the Student Assessment Handbook and/or test administration manuals. Any accommodation considered that is not found in the Student Assessment Handbook must be approved by the Assessment Administration Division of the GaDOE prior to use. All accommodations must be consistent with classroom instruction and assessment.

Signatures (Committee shall be comprised of a minimum of three members, one of whom is a teacher certified by the Professional Standards Commission, and must include the EL/ESOL teacher/aide currently serving the student with English language assistance)

Content area and/or grade level ______________________________

EL/ESOL Teacher/Aide_________________________________________ Date___________

Certified Educator_____________________________________________ Date___________

Parent/Guardian_______________________________________________ Date___________

Student (if 18 years or older)___________________________________ Date___________

Administrator_________________________________________________ Date___________
Chart: Recommended Assessment Accommodations
(Attach to EL/TPC Documentation form)

Student Name__________________________________________

Student GTID # _ _ _ _ _ _ _ _

<table>
<thead>
<tr>
<th>Name of Assessment</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Math, science, and EOCT may not be deferred)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Presentation</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Scheduling</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
# Allowable Accommodations for English Learners

## State Approved Accommodations for English Learners

<table>
<thead>
<tr>
<th>Setting Accommodation</th>
<th>Georgia Milestones EOG Paper</th>
<th>Georgia Milestones EOG Online</th>
<th>Georgia Milestones EOC Paper</th>
<th>Georgia Milestones EOC Online</th>
<th>ECT Fall 2014</th>
<th>Fall 2014 Mid-Month &amp; Retest</th>
<th>GHSGT</th>
<th>GHSWT</th>
<th>GKIDS</th>
<th>NAEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ESOL classroom</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>2. Small group</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>3. Preferential seating</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>4. Individual or study carrel</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>5. Individual administration</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
</tbody>
</table>

## Presentation Accommodations

<table>
<thead>
<tr>
<th>Presentation Accommodations</th>
<th>Georgia Milestones EOG Paper</th>
<th>Georgia Milestones EOG Online</th>
<th>Georgia Milestones EOC Paper</th>
<th>Georgia Milestones EOC Online</th>
<th>ECT Fall 2014</th>
<th>Fall 2014 Mid-Month &amp; Retest</th>
<th>GHSGT</th>
<th>GHSWT</th>
<th>GKIDS</th>
<th>NAEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Explain or paraphrase the directions for clarity (in English only)</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>7. Oral reading of test questions in English only</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>8. Oral reading of reading passages in English only</td>
<td></td>
<td></td>
<td>C¹</td>
<td></td>
<td>S</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td>S</td>
</tr>
<tr>
<td>9. Repetition of directions (in English only)</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
</tbody>
</table>

## Response Accommodations

<table>
<thead>
<tr>
<th>Response Accommodations</th>
<th>Georgia Milestones EOG Paper</th>
<th>Georgia Milestones EOG Online</th>
<th>Georgia Milestones EOC Paper</th>
<th>Georgia Milestones EOC Online</th>
<th>ECT Fall 2014</th>
<th>Fall 2014 Mid-Month &amp; Retest</th>
<th>GHSGT</th>
<th>GHSWT</th>
<th>GKIDS</th>
<th>NAEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Student marks answers in test booklet</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td>S</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td>S</td>
</tr>
<tr>
<td>11. Verbal response in English only to Scribe</td>
<td>S²</td>
<td>S²</td>
<td>S²</td>
<td>S²</td>
<td>S²</td>
<td>S²</td>
<td>S²</td>
<td>S²</td>
<td>S²</td>
<td>S²</td>
</tr>
</tbody>
</table>

## Scheduling Accommodations

<table>
<thead>
<tr>
<th>Scheduling Accommodations</th>
<th>Georgia Milestones EOG Paper</th>
<th>Georgia Milestones EOG Online</th>
<th>Georgia Milestones EOC Paper</th>
<th>Georgia Milestones EOC Online</th>
<th>ECT Fall 2014</th>
<th>Fall 2014 Mid-Month &amp; Retest</th>
<th>GHSGT</th>
<th>GHSWT</th>
<th>GKIDS</th>
<th>NAEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Frequent monitored breaks</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>14. Extended time</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
</tbody>
</table>
Eligibility Guidelines: Reading of Reading Passages

Guidance for Use of Conditional Accommodations 8: Reading of reading passages

The use of this conditional accommodation for the English Language Arts Georgia Milestones, regardless of grade level, must be restricted to only those EL students who meet ALL eligibility criteria outlined below:

1. The student’s English proficiency scores and performance in the classroom indicate that the student cannot access, retain, or comprehend text without the assistance of a reader (i.e., the student is unable to access English text due to their language proficiency, not simply reading below grade level); and
2. The student is not poised to exit language services within the current school year; and
3. There are clear and specific goals within the student’s educational plan addressing the deficits which necessitate the need for this conditional accommodation.

NOTE: Students who are assigned this conditional accommodation must be administered Georgia Milestones online using the screen reader functionality of the online platform with a headset.
Screven County School System  
EL Accommodations  
_____________ School Year

I have been provided a copy and helped decide the accommodations that will be used within the classroom and on state-mandated tests for __________________________. I realize these accommodations are NOT just for state-mandated testing.

I understand that if I have questions, concerns, or problems regarding the performance, progress, and behavior of the student listed above, I will set up a meeting or speak to __________________________ and address the issues and concerns.

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>______________</td>
</tr>
<tr>
<td>_________________________</td>
<td>______________</td>
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<td>_________________________</td>
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<td>_________________________</td>
<td>______________</td>
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<tr>
<td>_________________________</td>
<td>______________</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Special Education Teacher</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>______________</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Testing Coordinator</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>______________</td>
</tr>
</tbody>
</table>
SCSS EL DATA TEAM FORM

Student Name: __________________  Grade: _____________________  School Year ______________

Primary Language: ___________  Years in Screven County Schools _______  SPED _______

Team Members _________________________________________________________________

ACCESS COMPOSITE SCORES  W-APT SCORE __________

<table>
<thead>
<tr>
<th></th>
<th>Last Year</th>
<th>2 years Ago</th>
<th>3 years Ago</th>
</tr>
</thead>
</table>

MOST RECENT STANDARDIZED TEST SCORES

<table>
<thead>
<tr>
<th></th>
<th>Reading</th>
<th>ELA</th>
<th>Math</th>
<th>Social Studies</th>
<th>Science</th>
<th>Writing</th>
</tr>
</thead>
</table>

MOST CURRENT SCHOOL DATA

<table>
<thead>
<tr>
<th></th>
<th>Meeting 1 Date:</th>
<th>Meeting 2 Date:</th>
<th>Meeting 3 Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Math</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Science</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elective/Connections</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elective/Connections</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Days Absent</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Discipline Referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Leading Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Leading Data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teacher Observations/Other Info (attach extra pages if necessary):

Greatest Academic Need:

Root Cause (Use 5 Whys):

SMART GOAL:

Strategy:

Evidence:

Monitoring Meeting Results/Observations (attach extra pages if necessary):
**SCREVEN COUNTY SCHOOLS**  
Language Assessment Conference Record (LAC)

<table>
<thead>
<tr>
<th>Student Number:</th>
<th>Birth date:</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please print)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Last name)</td>
<td>(First name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>School:</strong></td>
<td>Birth Country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grade:</strong></td>
<td>Home Language:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Homeroom:</strong></td>
<td>US Entry Date:</td>
<td></td>
<td></td>
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</table>

**ESOL Teacher:**  
Years in ESOL Program:

<table>
<thead>
<tr>
<th>Test</th>
<th>Form/Grade Cluster (list below)</th>
<th>Level (circle one)</th>
<th>Literacy Subscore</th>
<th>Composite PL</th>
<th>Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS</td>
<td>TIER B C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Document Other Assessments Considered**

<table>
<thead>
<tr>
<th>Test</th>
<th>Form/Grade Cluster (list below)</th>
<th>Level (circle one)</th>
<th>Literacy Subscore</th>
<th>Composite PL</th>
<th>Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS EOC T</td>
<td>9th Grade Literature / American Literature</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS EOC T</td>
<td>Math I / Math II (or their equivalent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHSWT</td>
<td>Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRCT</td>
<td>Language Arts</td>
<td></td>
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</tr>
<tr>
<td>CRCT</td>
<td>Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ESOL Teacher Comments:**

- Test scores meet State Criteria for *Alternative Exit* from ESOL.  
  LAC Committee recommends student **exit** from ESOL Program.  
  Student will be monitored for 2 years after Exit from ESOL**
- Though test scores meet State Criteria for *Alternative Exit* from ESOL, LAC Committee recommends student **remain** in ESOL Pgm.
- Reenter ESOL after Exiting ESOL Program**

**Administrator Signature:**  
Date: / / 

---

**Note:** If additional people serve on the LAC, attach an additional signature page which includes signatures and descriptions (parent, counselor, content teacher, etc.)
Language Assessment Conference

for

__________________________  _____________________
Student Name                  Date

Members Attending:                  Role

_____________________________  ________________________
_____________________________  ________________________
_____________________________  ________________________
_____________________________  ________________________
_____________________________  ________________________
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Screven County School District
Elementary School ESOL Post-Exit Monitoring Form

Student Name: _________________________________________ Grade Level: ________

Date: ___________________

Part I: To be completed by classroom or grade level teacher:

Name of teacher completing this form: ___________________________________________

Circle responses below:
1. The student completes assignments on time. Always Sometimes Seldom Never N/A
2. The student communicates effectively with teacher in English. Always Often Sometimes Seldom Never N/A
3. The student communicates effectively with peers in English. Always Often Sometimes Seldom Never N/A
4. The student writes clearly in English. Always Often Sometimes Seldom Never N/A
5. The student reads aloud in class in English. Always Often Sometimes Seldom Never N/A
6. The student attends class regularly. Always Often Sometimes Seldom Never N/A
7. The student participates in group work. Always Often Sometimes Seldom Never N/A
8. The student socializes with native English speakers. Always Often Sometimes Seldom Never N/A
9. The student asks for assistance when needed. Always Often Sometimes Seldom Never N/A

How many days has the student been absent? _________________

How do you modify assignments for the student?______________________________________
______________________________________________________________________________

List any concerns regarding the student’s success in your class. __________________________
______________________________________________________________________________

Comments: Please make any comments you have about this student’s progress._________
______________________________________________________________________________
______________________________________________________________________________

__________________________________/ _________
Classroom Teacher Signature / Date
Part II - To be completed by the ESOL teacher:

ESOL Teacher Name: ______________________________________________________

Circle one: 1st year monitor 2nd year monitor

Student Name: ____________________________________________________________

Student FTE #: ________________________ Student ID #: ______________________

Date of entry into ESOL: _______________________

Date of exit from ESOL: _______________________

What are the student’s current grades  Reading __________ Math ____________

Language Arts___________

Is the student receiving any special services? If yes, list: ____________________________

________________________________________________________________________

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________ / __________
ESOL Teacher Signature       / Date

NOTE: If monitoring shows that the student is falling behind in classroom work and/or
English language skills, the student must be referred for assistance through the RTI
Pyramid of Interventions or to SST.

Monitoring is required for two calendar years from the date the student was officially
exited from ESOL language assistance services.
Screven County School District
MS & HS Post-Exit ESOL Monitoring Form

School: ____________________________ Date: __________________

Student Name: ____________________________ Grade Level: __________

Name of content teacher completing this form / Subject or content area

Part I: To be completed by subject or content area teacher

Please circle the appropriate response for each statement below.

The student is passing the class. Yes No Current Grade: __________

Has the student had any discipline problems? Yes No

Comments:
1. The student completes assignments on time. Always Often Sometimes Seldom Never N/A
2. The student communicates effectively with the teacher in English. Always Often Sometimes Seldom Never N/A
3. The student communicates effectively with peers in English. Always Often Sometimes Seldom Never N/A
4. The student writes clearly in English. Always Often Sometimes Seldom Never N/A
5. The student reads aloud in class in English. Always Often Sometimes Seldom Never N/A
6. The student attends class regularly. Always Often Sometimes Seldom Never N/A
7. The student participates in group work. Always Often Sometimes Seldom Never N/A
8. The student socializes with native English speakers. Always Often Sometimes Seldom Never N/A
9. The student asks for assistance when needed. Always Often Sometimes Seldom Never N/A

How many days has the student been absent? ________________

How do you modify assignments for the student? ______________________________________
_________________________________________________________________________________

List any concerns regarding the student’s success in your class: ____________________________
_________________________________________________________________________________

Please make any additional comments you have about this student’s progress (continue on back if needed):
_________________________________________________________________________________
_________________________________________________________________________________

_________________________________ / __________
Content Teacher Signature / Date
**Part II - to be completed by the ESOL teacher**

ESOL Teacher Name: ______________________________________________________

Circle one: 1st year monitor 2nd year monitor

Student Name: ____________________________________

Student FTE #: __________________________  Student ID _________________

Date of entry into ESOL: ________________________

Date of exit from ESOL: ______________________

What are the student’s current grades in each academic course?
English ____________ Math ____________ Social Studies ____________ Science__________

Is the student receiving any special services? If so, list services ____________________________

_________________________________________________________________________________

Comments: __________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

For High School Students Only:

Check if Passing Scores Achieved on GHSGT: LA ___ SS ___ Math ___ Science ___ Writing ___

Graduation Goals: Target Year ______ Career Pathway _________________________________

________________________________ / __________

ESOL Teacher Signature       / Date

If monitoring shows that the student is falling behind in classroom work and/or English language skills, the student must be referred for assistance through the RTI Pyramid of Interventions or to SST.

Monitoring may only be discontinued at the end of two calendar years from the date the student was exited from ESOL.
Parent - Teacher Conference

Date: ________________________________

Dear Parents:

The teaching staff at ____________________________ takes this opportunity to invite you to a conference with your child’s teacher. The conference is held at this time for the purpose of increasing your understanding of the progress your child is making.

The date and time below have been reserved for you.

If you find your scheduled time(s) inconvenient, please indicate so below or call the school office to arrange for a different time. Additionally, we would appreciate being notified if you cannot attend your conference.

Written reports will be sent home with all students on ____________[date]. Interpreters can be provided if requested.

CONFFERENCE RESERVATION
(Please save this section as your reminder)

_________________________________ _______________     _____________     at   ______________   am  pm
Student Name                                                    Day                             Date                                    Time
___________________________________ ___          ______________________       _ _____________________________
Teacher Name                                                       Room                                                  Phone

Please detach here and return this bottom section to the school.

___ Yes, Parents will be able to attend the conference at this time.

___ No, Parents will not be able to attend the conference at this time:
Please schedule a conference on ________________________________ (date and time)

____________________________________   _____________________________________
Student’s Name                                                        Teacher’s Name

Please check one:  O Please have an interpreter available.            Language:____________________________
O I am bringing someone who can translate and interpret.
O I do not need any translation/interpretation assistance.

___________________________________                           _______________                           _____________
Parent/Guardian Name                                                       Phone                           Date
Conferencia entre padres y maestros

Fecha: ______________________

Estimado padre/madre:

El personal docente de ___________________________ lo invita a una conferencia con el maestro de su hijo. La conferencia se realizará en esta oportunidad para explicarle el progreso de su hijo.

Le hemos reservado la siguiente fecha y hora.

Indique a continuación si la fecha y hora programadas les resultan incómodas, o llame a la oficina de la escuela para programar una nueva cita. También le agradeceríamos que nos avisara si no puede asistir a la conferencia.

Se enviarán informes escritos a casa con todos los alumnos el ___________ [date]. Se pueden proporcionar intérpretes si se solicitan.

---

CITA PARA UNA CONFERENCIA
(guarde esta sección como recordatorio)

__________________________________________ a las ____________ am pm
Nombre del alumno _____ Día _____ Fecha _____ Hora _______

__________________________________________
Nombre del maestro _____ Sala _____ Teléfono _______

---

Por favor desprendase aquí y devuelva la sección inferior a la escuela.

____ Sí, los padres podrán asistir a la conferencia en la fecha y hora programadas.
____ No, los padres no podrán asistir a la conferencia en la fecha y hora programadas.

Por favor programen una conferencia para el ________________ (date and time)

__________________________________________
Nombre del alumno

__________________________________________
Nombre del maestro

Marque una opción:  □ Por favor tengan presente un intérprete. Idioma: ____________________________
□ Iré con alguien que pueda traducir e interpretar.
□ No necesito ayuda de traducción/interpretación.

__________________________________________
Nombre del padre/madre/apoderado

__________________________________________
Teléfono

__________________________________________
Fecha