Student Last Name		Student First Name		Student Middle Name	
G. I. A.			D · E · IIIaai		
Student ID			<b>Date Entered US Sch</b>	100l	
Address			Language(s) listed or	n Home Language Survey	
				, ·	
Gender	Date of Birth		Groups Education		
			Education		
		Immigra	nt		
		Refugee			
		Migrant			
Guardian 1 Inform	nation				
Last Name	Last Name First Name				
Home Phone Number		Work Phone	Number	Cell Phone Number	
Guardian 2 Inform	nation				
Last Name		First N	Vame		
Home Phone Numb	oer .	Work Phone I	Number	Cell Phone Number	
Other Contact Information					
Relationship to Student					
Last Name First Name					
Home Phone Number Wo		Work Phone I	ork Phone Number Cell Phone Number		
Guardian Communication Preference					
Language Preference Communication Preference					

Last Grade	Interrupted	Limited	No formal	
Completed	Education	Schooling	Schooling	

<sup>\*</sup>If available, attach past academic data (report cards, standard assessments, etc.)

#### **Initial Screener Language Proficiency Assessment Detail**

<b>Grade Level</b>	Screener	Date	Score
Kindergarten	WIDA Screener for Kindergarten		
Grades 1 -12	WIDA Screener Online		

#### Attach copy of HLS and score report to PSP

#### **Annual Language Proficiency Assessment Detail**

Date Test Taken:	Tier:	Composite Resul	lt:
	Listening	Scale Score:	Result:
	Literacy	Scale Score:	Result:
	Reading	Scale Score:	Result:
	Speaking	Scale Score:	Result:
	Writing	Scale Score:	Result:

Assessment Participation and Accommodations (check all that apply)							
Ann	ual English	ı Language Profici	iency Ass	essment (ACCESS	<b>S</b> )		
	State-Required Assessment and Accountability Program  Participation only  KSA accountable						
Accommod	ations will	l be provided (che	eck all tha	at apply)			
Reader	Scribe	Bilingual/ English Dictionary	Oral Na Support	ative Language Extended Time		Extended Time Allotment: Time and Half Double Time	
Accommodations will <b>not</b> be provided							

Date Identified EL	Expected Exit Date				
EL Services (check all that apply)					
Parents waived services or withdrew student	from services				
Content Area Tutoring					
Content-based ESL					
Developmental Bilingual Education					
English Language Development					
Heritage Language					
Newcomer Program					
Pull-Out ESL/Resource					
Sheltered English Instruction					
Structured English Immersion					
Transitional Bilingual Education					
Dual Language/Two-Way Immersion					
Comments					
Program Exit Date					
Expected Date of Graduation (grades 9-12 only)					

Adapted Materials/Technology	Adapt Pace of Instruction
Assistive Technology	Bilingual or English Dictionary
Bilingual or English Glossary	Build Background Knowledge
Engage in Academic Conversations	Extended Time
Interaction Opportunities	Link Instruction to Prior Learning
Meta-Cognitive Strategies	Model Language/Task Completion
Oral Native Language Support Human Tech	Prompting/Cueing
Provide Content Objectives	Provide Visuals/Organizers
Provide Language Objectives	Reader Human Tech
Read Text in Primary Language	Scaffold Responses
Scribe Response Human Tech	Simplified Language
Small Group/Single Form Test	Use Computer/Software
Use Spellcheck	Read Text in English

	•		
,			

Parents Right to opt Out: As EL parent(s) I understand I have the right under Title VI and the Equal Educational Opportunities Act (EEOA) to decline or opt my child out of the school district's program for ELs or out of language services within the program. If I decline services, my child is still required to take the ACCESS each year.

#### **PARENT NOTIFICATION**

Parent notification must be provided no later than **30 calendar days** after the beginning of the school year or within the first two weeks of placement in EL program if enrolled after the start of the school year. (ESEA Section 1112(e)(3)(A), 1112(e)(3)(B)).

Signatures and dat	tes of persons involved in t	the development of the l	Program Service Plan:
Name	Signature	Title	Date