

Name: _____

EL INSTRUCTIONAL ACCOMMODATIONS CHECKLIST

Beginning of Year (BOY)

Date: ____/____/____

Middle of Year (MOY)

Date: ____/____/____

End of Year (EOY)

Date: ____/____/____

Campus:

Grade:

Academic Year:

- peer and native language support
- gestures for added emphasis
- simple conversations (words/phrases)
- visuals and/or verbal cues to reinforce spoken or written words
- pre-teach vocabulary
- short sentences and single words
- provide phrases or simple sentence frames
- rephrase, repeat, or slow down
- wait time
- extra time for complex material and/or assignments
- non-participation in simple conversations
- word bank of key vocabulary
- model pronunciation
- tiered sentence stems
- organize reading in chunks
- adapted text(s)
- clarification of word(s) or phrase(s)
- oral translation
- bilingual dictionary or glossary
- clarify directions
- translate word(s), phrase(s), or sentence(s)
- read and model think aloud
- drawing or pictorial representation
- writing on familiar, concrete topics
- scaffold writing assignments

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Prior Year TELPAS:

| | | | | |
|---|----------------------------|----------------------------|----------------------------|-----------------------------|
| L | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> A | <input type="checkbox"/> AH |
| S | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> A | <input type="checkbox"/> AH |
| R | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> A | <input type="checkbox"/> AH |
| W | <input type="checkbox"/> B | <input type="checkbox"/> I | <input type="checkbox"/> A | <input type="checkbox"/> AH |



Name: _____

EL INSTRUCTIONAL ACCOMMODATIONS CHECKLIST

Teacher

LPAC Committee

BOY

Subjective Teacher Evaluation:

Comments/Recommendations:

MOY

Subjective Teacher Evaluation:

Comments/Recommendations:

EOY

Subjective Teacher Evaluation:

Comments/Recommendations:

EOY Review:

- TELPAS
- State Assessment Results
- Oral Language Proficiency Test (OLPT)
- Linguistic Accommodations
- Academic Progress

Completed by: _____

Signature: _____ Date: _____

Signatures: _____

_____ Date: _____