

ELL - Individual Learning Plan (ILP)

School Year: yyyy-yy

Level: ----

Name: click to add Last Name, First Name

Grade: ----

ELL Instructor: click to add First Name Last Name

Nationality: Click here to enter text.

Native Language(s): ----

Date of Entry into U.S. Schools: mm/dd/yyyy

US Born: ----

Placement for <u>yyyy-yy</u> School Year	Service with ELL Instructor	Special Notes
----	<input type="checkbox"/> Basic Language Development <input type="checkbox"/> Frontloading Academic Content <input type="checkbox"/> Not at this time	<i>Click here to enter text.</i>

WIDA Test	Test Date	Tier	Grade Level Cluster	Listening	Speaking	Reading	Writing	Overall Score
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Student Intervention Time	State Testing	NWEA Percentiles
<input type="checkbox"/> Yes <input type="checkbox"/> No Focus: ----- Secondary Focus: -----	ISTEP Reading: ----- (yyyy-yy) ISTEP Math: ----- (yyyy-yy) iRead-3: ----- (yyyy-yy)	Reading: <i>click to enter percentile</i> percentile (----- of yyyy-yy) Language Usage: <i>click to enter percentile</i> percentile (----- of yyyy-yy) Math: <i>click to enter percentile</i> percentile (----- of yyyy-yy)

CLASSROOM PERFORMANCE:

These benchmarks are an indication of the student's yearly progress across the curriculum. This section is to be completed EACH SPRING by the classroom teacher to be utilized the FOLLOWING school year.

Student STRENGTHS	Student WEAKNESSES	Past Strategies Used
- Click here to enter text.	- Click here to enter text.	- Click here to enter text.

ACCOMMODATIONS:
By law, these must be OFFERED to all students whose English proficiency level is 1-4. Level 5's DO NOT receive any accommodations regardless of their academic need or performance. <input type="checkbox"/> N/A (Level 5) <input type="checkbox"/> Directions are read aloud <input type="checkbox"/> Bilingual resources utilized (including word-to-word dictionaries) <input type="checkbox"/> Test questions are read to the student (except for reading comprehension) <input type="checkbox"/> Small group instruction/ test administration <input type="checkbox"/> Additional time given - <i>If needed, click here to enter additional accommodations for Level 1-4s.</i>

EXCEPTIONAL LEARNER SERVICES:
<input type="checkbox"/> Special Education Instruction. See TOR, first & last name, for accommodations <input type="checkbox"/> RTI Plan (Level ----) <input type="checkbox"/> Occupational Therapy Services <input type="checkbox"/> Physical Therapy Services <input type="checkbox"/> Speech Services <input type="checkbox"/> Social/Emotional Concerns <input type="checkbox"/> Medical

ILP updated by first & last name on [Click here to enter a date.](#)

Template last modified 2/5/15. Contact Beth May (bamay@avon-schools.org) with template questions.