WAKULLA COUNTY SCHOOLS
English for Speakers of other Languages (ESOL)
English Language Learner (ELL) Student Plan

STUDENT NAME:_____ GRADE:_____ STUDENT ID #_____

CURRENT DATE:_____ ESOL ENTRY DATE:_____ RE-EVALUATION DATE(S):_____

PRIMARY LANGUAGE:_____ ELL EXIT DATE:_____ EXIT CRITERIA MET:_____

INSTRUCTIONAL SCHEDULE – FIRST SEMESTER

Assigned ELL Courses	***Teacher***	***Minutes per week***

INSTRUCTIONAL SCHEDULE – SECOND SEMESTER

Assigned ELL Courses	***Teacher***	***Minutes per week***

This ELL student is also eligible for and is receiving services from the following programs:

- ☐ Remedial reading (date:_____)
- ☐ Remedial math (date:_____)
- ☐ Assessment – FCAT Accommodations – Specify:
  _____date:_____
  _____date:_____
- ☐ ESE (date:_____)
- ☐ GED (date:_____)
- ☐ Other: _____date:_____

Student Services

- ☐ Health Screening/Referral
- ☐ School Psychologist
- ☐ Guidance Counselor
- ☐ Free/Reduced School Meals
- ☐ Transportation – Bus #_____
- ☐ Child Study Team
- ☐ Response to Intervention