ST. MARY'S
ACADEMY

MULTILINGUAL LEARNER PLAN

Student Information	
Name	
Date of Birth	
Grade	
TA	
Counselor	
MLP Effective Date	

_____ is a _____and _____student at SMA who is also a Multilingual Learner. As a multilingual learner, all teachers are English teachers to _____ as she continues to gain proficiency. For this reason, _____benefits from academic accommodation.

Recommended Academic Accommodations
Environment
☐ Preferential Seating
Testing
☐ Time and a half on exams

Aids
☐ Learning Ally (audio books)
☐ visual aids: photos/images, videos, realia,
☐ Access to immersive reader tool via web browser or Word Document
☐ Recorded lectures with teacher permission
☐ Screenshots of notes, problems or assignment directions
☐ Teacher notes provided if student is not taking notes independently
☐ Enable closed captions on videos and recordings
☐ Access to bilingual dictionary and/or glossary

ST. MARY'S
ACADEMY

☐ Graphic organizer
Student Learning
☐ Extended deadlines (additional 1 day for daily work, additional 1 week for projects) as needed *No extended deadlines for reading or work related to the next class or participation ☐ Requires communication with teachers to understand expectations ☐ Teacher provided written directions for assignments ☐ No grade reduction for spelling for in-class writing ☐ Allow paper submissions or electronic submissions ☐ Provide examples or models of projects ☐ Check in with student prior to independent work time and/or start of project/paper/assessment ☐ Check in with student regularly at a mutually agreed upon time (ex: during Activity Block on Blue Days, during lunch, or during office hours on Yellow Days)

Other Recommended Academic Supports
☐ NHS Tutoring (schedule with app on iPad) ☐ Counselor visits and check-ins as needed ☐ Student Success Specialist check ins ☐ Discuss TA Study Support and Study Block eligibility

Signatures

We agree with the implementation of the Multilingual Learner Plan (MLP).

Student Name:	Student Signature:	Date:
Parent/Guardian Name:	Parent/Guardian Signature:	Date:
Parent/Guardian Name:	Parent/Guardian Signature:	Date:
ILP/ MILP Coordinator Name:	ILP/ MILP Coordinator Signature:	Date:
Counselor	Counselor Signature:	Date:

ST. MARY'S
ACADEMY

Name:		