

Catawba County Schools
LEP Educational Plan - Grades 3-8
2006-2007 School Year
(Complete one LEP Service Plan per student annually.)

Sections I – III to be completed by the Newcomer Center and/or ESL teacher.

I. Student Information

Student Name _____ School _____ Grade _____
DOB _____ COB _____ Language _____ Ethnicity _____ Sex: M F
1st time in US schools: YES NO – Circle all grade levels attended in US K 1 2 3 4 5 6 7 8
First Enrollment in US Schools: Date _____ Grade _____

II. State Testing Eligibility

IPT Scores from another NC School System NO YES – School System _____

Date of IPT _____ Listening _____ Speaking _____ Reading _____ Writing _____
P-Level _____ P-Level _____ P-Level _____ P-Level _____

EXEMPT from Reading (EOG and NCCLAS) – 1st Year in US Schools YES NO

EXEMPT from Writing (EOG and NCCLAS) – 1st Year in US Schools YES NO

Eligibility for NCCLAS (Must meet both criteria.)

- 24 Month Rule YES NO
- Proficiency Level
 - NCCLAS Reading/Math YES NO (Below Int. High on IPT Reading)
 - NCCLAS Writing YES NO (Below Superior on IPT Writing)

III. ESL Program Services

- Served
Type of Service:
 - Inclusion
 - Pull-out
 - Consultative (Approval must be given by ESL Coordinator.)

Waived (Refusal of ESL Services)

Other School System Services: YES NO

Sections IV – V to be completed by the classroom teacher in collaboration with the ESL teacher.

IV. State Test(s)

- A. **Exemption:** Based upon date of entry into the United States and Proficiency level on the IPT.
EXEMPT Reading YES NO
EXEMPT Writing YES NO

B. NCCLAS: Based on IPT results and 24 month eligibility rule, the classroom teacher in collaboration with the ESL teacher and principal/designee will determine if the LEP student should participate in the NCCLAS Reading, Math and/or Writing (Based on NCCLAS eligibility in Part II). This section **must** be completed regardless of NCCLAS participation. The student will or will not participate in the following NCCLASs:

- | | | |
|----------------|------------------------------|---|
| NCCLAS Reading | <input type="checkbox"/> YES | <input type="checkbox"/> NO (If NO, complete Part C and D.) |
| NCCLAS Math | <input type="checkbox"/> YES | <input type="checkbox"/> NO (If NO, complete Part C and D.) |
| NCCLAS Writing | <input type="checkbox"/> YES | <input type="checkbox"/> NO (If NO, complete Part C and D.) |
| Other _____ | | |

C. State Tests: This section **must** be completed if participating in one or more state tests. The student **will** or **will not** participate in the following state tests:

- | | | |
|-------------|------------------------------|-----------------------------|
| EOG Reading | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| EOG Math | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Writing | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other _____ | | |

D. State Testing Accommodations: LEP students may receive the approved state testing accommodations listed below. The testing accommodations **must** be part of the student's **regular testing routine** in order for these accommodations to be used during statewide testing.

Check ONE:

- | | |
|--|--|
| <input type="checkbox"/> WITH Accommodations (Check all accommodations used.) | <input type="checkbox"/> NO Accommodations |
| <input type="checkbox"/> Test in a Separate Room | <input type="checkbox"/> Read Aloud in English (Not for EOG Reading) |
| <input type="checkbox"/> Multiple Testing Sessions | <input type="checkbox"/> Bilingual Dictionary or Electronic Translator (Word to Word Only) |
| <input type="checkbox"/> Scheduled Extended Time | |
| <input type="checkbox"/> Student Reads Test Aloud to Self | |

V. Classroom Modifications (See ESL teacher for additional list of modifications.)

LEP students may receive classroom modifications based on their IPT proficiency levels in listening, speaking, reading, and writing. These modifications may **not** be used for state testing.

(Check all modifications used.)

- | | |
|--|--|
| <input type="checkbox"/> Simplify homework/projects | <input type="checkbox"/> Assign classroom buddy |
| <input type="checkbox"/> Build background knowledge | <input type="checkbox"/> Modify grading |
| <input type="checkbox"/> Eliminate open-ended questions | <input type="checkbox"/> Simplify texts/stories |
| <input type="checkbox"/> Teach concrete concepts before abstract | <input type="checkbox"/> Break tasks/assignments into shorter segments |
| <input type="checkbox"/> Give tests orally | <input type="checkbox"/> Use graphic organizers |
| <input type="checkbox"/> Shorten tasks/homework assignments | <input type="checkbox"/> Reduce number of concepts taught |
| <input type="checkbox"/> Allow extra time for homework assignments | <input type="checkbox"/> Other(please specify)_____ |
| <input type="checkbox"/> Teach key vocabulary prior to lesson | |

Teacher _____
 Teacher _____
 ESL Teacher _____
 Principal/Designee _____

Date _____	Revised Date _____	Initial _____
Date _____	Revised Date _____	Initial _____
Date _____	Revised Date _____	Initial _____
Date _____	Revised Date _____	Initial _____

NOT TO BE PLACED IN THE CUMULATIVE FOLDER!

Original: School Testing Coordinator **Copies to:** Classroom Teacher ESL Teacher Newcomer Center