

**Catawba County Schools**  
**LEP Educational Plan - Grades 9-12**  
**2006-2007 School Year**  
(Complete one LEP Service Plan per student each semester.)

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  
1<sup>st</sup> time in US schools:  YES  NO – Circle all grade levels attended K 1 2 3 4 5 6 7 8 9 10 11 12  
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 \_\_\_\_\_

**Eligibility for EXEMPTIONS**

**EXEMPT from 10<sup>th</sup> grade Comprehensive (Must meet both criteria.)**

- 1<sup>st</sup> year in US Schools  YES  NO
- Below Int. High on IPT Reading  YES  NO

**EXEMPT from 10<sup>th</sup> grade Writing (Must meet all 3 criteria.)**

- 1<sup>st</sup> year in US Schools  YES  NO
- Below Int. High on IPT Reading  YES  NO
- Below Sup. on IPT Writing  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:
    - ESL class
    - Inclusion
    - Sheltered Class
    - 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 10<sup>th</sup> Grade Comprehensive  Yes  No
  - EXEMPT 10<sup>th</sup> Grade Writing  Yes  No

**Do Not Place in Cumulative Folder**

**B. Tested Students: Please fill out all that apply.**

	Test without modifications	NCCLASS	Test with modifications	Separate Room	Multiple Test Sessions	Scheduled Extended Time	Student reads test aloud to self	Read Aloud in English (Not for EOC Reading)	Bilingual Dictionary or Electronic Translator (Word to Word Only)
English I									
Civics and Economics									
Biology									
Chemistry									
Physics									
Algebra I									
Algebra II									
Geometry									
U.S. History									
10 <sup>th</sup> Grade Reading									
10 <sup>th</sup> Grade Math									
10 <sup>th</sup> Grade Writing									
Reading Competency									
Math Competency									
Computer Skills M. C.									
Computer Skills Performance									
VOCATS: _____									
VOCATS: _____									
VOCATS: _____									
VOCATS: _____									

**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 tasks/projects/homework          | <input type="checkbox"/> Assign classroom buddy                                |
| <input type="checkbox"/> Build background knowledge                | <input type="checkbox"/> Modify grading  |
| <input type="checkbox"/> Eliminate open-ended/essay 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/take-home/shortened    | <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"/> Use pre-highlighted texts                             |
| <input type="checkbox"/> Teach key vocabulary prior to lesson      | <input type="checkbox"/> Use bilingual dictionary (may be used for state test) |
| <input type="checkbox"/> Give copy of teacher's lesson notes       | <input type="checkbox"/> Other (please specify) _____                          |

Teacher \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 Teacher \_\_\_\_\_  
 ESL Teacher \_\_\_\_\_  
 Principal/Designee \_\_\_\_\_

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

Original: School Testing Coordinator

Copies to:

Classroom Teacher

ESL Teacher

Newcomer Center

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