

Catawba County Schools
LEP Educational Plan - Grades K-2
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 K 1 2
First Enrollment in US Schools: Date _____ Grade _____

II. IPT Results

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 _____
Other School System Services NO YES

III. ESL Program Services

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

Section IV to be completed by the classroom teacher in collaboration with the ESL teacher.

IV. 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.

(Check all modifications used.)

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

Teacher _____	Date _____	Revised Date _____	Initial _____
Teacher _____	Date _____	Revised Date _____	Initial _____
ESL Teacher _____	Date _____	Revised Date _____	Initial _____
Principal/Designee _____	Date _____	Revised Date _____	Initial _____

NOT TO BE PLACED IN THE CUMULATIVE FOLDER!

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