



Initial/Continuing Eligibility Determination for Program Placement

To the Parents of: _____

School Location: _____ Date: _____

When you registered your child for school, you filled out the Home Language Survey and indicated a language other than English as the child's first language, or a language other than English is spoken most often in your home or outside of school. Based on this information, the school system is required to assess your child's English language proficiency and determine his/her eligibility for the school district's English as a Second Language (ESL) program. Your child's English language assessment indicates that he/she:

- does not qualify for ESL program services
- will receive direct ESL language instruction by a qualified ESL teacher
- will receive ESL consultation services with retesting in Spring 2019

Criteria used for recommendation:

W-APT Score: _____ ACCESS Score: _____

Other language assessment scoring if applicable: _____

The goal of the ESL program is to help your child learn English so that he/she will be able to meet age appropriate academic standards for grade promotion and graduation. Students normally participate in the ESL program for one to five years. Although we are offering a program we feel is most appropriate for your child's level of English proficiency, you may refuse to have your child participate in the program. Contact the ESL teacher below if you have questions or need more information.

Under Tennessee School Board of Education (TSBOE) Policy 3.207, districts are required to use criteria to exit English language learners (ELLs) from ESL programs. The exit criteria apply to the vast majority of ELLs who receive special education services. In rare cases, an ELL receiving special education services may qualify to be exited using modified criteria giving special consideration to an ELL for whom assessments and/or standards under TSBOE Policy 3.207 are not appropriate because of the nature of a student's disability.

ESL Teacher: _____

Phone Number: _____ Email address: _____

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Bartlett City Schools
English as a Second Language Program
 Phone 901.202.0855 ext. 2243 Fax 901.202.0854

Program Response Letter

Student: _____ Grade: _____

I have received the information about the English as a Second Language program and the following recommendation for my child's placement for the _____ school year.

- Initial Placement
Assessment Results: _____
- Continuing Placement
Assessment Results: _____
- Pre-Exiting Support
Assessment Results: _____
- Exiting ESL Program
Assessment Results: _____

After exiting the ESL Program, your child's progress will be monitored for 2 years to ensure grade level success.

CHECK ONE:

- I **agree** with the recommended placement of my child in the ESL program.
- I **do not agree** with the ESL recommendation and request a conference.

Name of Parent/Guardian

Telephone of Parent/Guardian

Parent/Guardian Signature

Date

PLEASE RETURN THIS LETTER TO YOUR CHILD'S ESL TEACHER.

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ESL Services Waiver/Refusal Letter

To the Parents of: _____

Your child has been identified as eligible for our ESL program. This status was determined by the state’s language proficiency assessment.

If you do not agree with this determination or do not want your child in this program, please sign the waiver notice below and return it to the school. Please email Kristy Ford, PK-5 Instructional Supervisor, if you have any questions at kford@bartlettschools.org.

ESL Teacher Signature

Date

ESL Teacher should forward copy of this form when signed by the parent/guardian to the ESL Office.

Please fill out and return this bottom portion to the school.

Waiver/Refusal of ESL Services

Dear ESL Teacher:

I do not want my child to be in the ESL program.

Please provide information as to your decision not to have your student placed in the ESL Program.

Student Name: _____

Parent/Guardian Signature: _____

My signature above constitutes that I understand that even though the student will not participate in the ESL program, the student is still required to be assessed on all state approved language assessments until the approved exit criteria is met.

Date: _____

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**English Learners (ELs) Whose Parents Have
Waived English As a Second Language
(ESL) Services**

Parents have a right to waive ESL services for their children who qualify for such services, but they may not waive English Language Proficiency testing for that child. All children who are non-English language background as determined by the home language survey should be assessed in a timely fashion for English language proficiency unless they have documentation that they have exited from an alternate language program and have been classified as fluent English proficient by another school district. Determination of English language proficiency testing should occur as soon as possible so as to provide ESL services if necessary and to avoid disruption to the student’s schedule. No Child Left Behind requires this to take place within 14 days from the date of enrollment (Sec. 3302 (b) and (c)) if the enrollment takes place after the school year begins and within 30 days if this happens before the school year begins. When a non-English language background student tests as Limited English Proficient (LEP, referred to as ELs or ELLs in TN) on the state approved English language proficiency test, the school district must offer ESL services. A parent may refuse the services and waive the student’s right. Before this decision, which so seriously impacts a child is made; the parent should be informed of the benefits of ESL services and of the problems that often accompany the lack of ESL services. After this information is provided in a language the parent can understand, (translated or interpreted, as needed by the parent) the parent may choose either to enroll the student in ESL services or classes or to waive ESL services. If parent decides to waive ESL services, the district should keep written documentation of that decision with the parent’s signature and date that the decision was made. The child must still be counted as an EL and included in the district’s count of EL students for funding and accountability purposes. These students are entitled to the same accommodations on the Tennessee Comprehensive Assessment Program (TCAP Achievement) as EL students who are receiving ESL services. The English Linguistically Simplified Assessment (ELSA) is the TCAP Achievement Assessment for grades 3-8 with linguistic simplification so that the content in math, science and social studies may be assessed rather than the English skill. The ELSA is the appropriate achievement assessment for ELLs.

All ELs, whether they are participating in the ESL program or not, are reclassified as transition 1 status based on the same exit criteria. Because of this, all EL students, including those whose parents have waived ESL services, must be assessed with the state proficiency language assessment.

My signature below constitutes that I have read the above information on ESL Waived Services.

Parent Signature: _____ Date: _____



ESL PROGRAM - EXIT NOTIFICATION

Date: _____

Dear Parents / Guardian: _____

This letter is to inform you that your child, _____, has demonstrated proficiency in all four areas of State of Tennessee Language Proficiency Assessment that was given during the spring of _____.

The four areas tested are:

- | | |
|------------------|------------------|
| Listening: _____ | Literacy: _____ |
| Speaking: _____ | |
| Reading: _____ | Composite: _____ |
| Writing: _____ | |

At this time, it has been determined that your child no longer requires ESL services and is being exited from the program. Your child will be monitored for two years to ensure that he/she is progressing as expected. If you have any questions, please call the local school.

Thank you,

 ESL Teacher

 Date



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Consultation Form

Date: _____ ESL Teacher: _____

Classroom Teacher: _____

Name of Student: _____

The student listed above is an ESL student that is currently on consultation status. I am monitoring this student's progress and documentation will be kept in the student's ESL folder.

Please indicate if any accommodations are being used in the classroom:

Yes No

Please list accommodations being used in the classroom with the student:

Please list positive comments or concerns you have for this student: **(Mandatory)**

Current academic grades as of _____:

LA: _____

Math: _____

Social Studies: _____

Science: _____

Other: _____

Other: _____

Other: _____

AIMSwebPlus: Date: _____ Status: _____

Other Assessment Information: Assessment: _____ Date _____

Status: _____

Other Assessment Information: Assessment: _____ Date _____

Status: _____

Academic Teacher Signature: _____ Date: _____

Please complete & return to _____ by _____.

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T1 & T2 Monitoring

Date: _____ Grading Period: _____

Student's Name: _____ School: _____

Student #: _____ Grade: _____ D.O.B.: _____

Classroom Teacher: _____ Subject: _____

The above student has exited from the ESL program. To help evaluate the student's overall achievement, please use the following scale to rate the student's performance in your class.

	Unsatisfactory		Average		Excellent
	1	2	3	4	5
Category 1: Ability to Learn Course Content: Rate the student's ability to master the course content.	<input type="checkbox"/>				
Category 2: Academic Performance: Rate the student's actual progress in meeting course objectives.	<input type="checkbox"/>				
Category 3: Communications with Teacher: Rate the student's skill in communicating with you.	<input type="checkbox"/>				
Category 4: Communication with Peers: Rate the student's skill in communicating with classmates.	<input type="checkbox"/>				
Category 5: Class Participation: Rate the student's participation in class activities and discussions.	<input type="checkbox"/>				
Category 6: Study Habits: Rate the student's completion of homework/projects outside of class.	<input type="checkbox"/>				

Category 7: Attendance
 List the number of days student was absent from your class: _____

Classroom Teacher Comments: _____

ESL Teacher Recommendation: _____

_____ Signature of Teacher	_____ Date	_____ Signature of ESL Teacher	_____ Date
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***ESL Quick Reference Guide for the
 Administrator and Local School***

Terminology:

- ESL** – English As a Second Language (program/class)
- EL** – English Learner (student)
- NELB** – Non-English Language Background (student)
- LEP** – Limited English Proficient (student)
- SIFE** – Student with Interrupted Formal Education
- RAEL** – Recently Arrived English Learner (student)
- LTEL** – Long-Term English Learner (student)
- T1** – Transitional 1: First year of monitoring after exiting ESL based on testing criteria.
- T2** – Transitional 2: Second year of monitoring after exiting ESL based on testing criteria.
- T3, T4** – Transitional status must be recorded in Power School.
- HLS** – Home Language Survey: Filled out by all newly enrolled students in BCS.
- Immigrant** – Student born in another country, who has been in US schools less than 3 years.

Assessments:		
WIDA <u>W-APT Placement Test:</u> Screening assessment for initial ESL placement for K.	WIDA <u>Online Screener Initial:</u> ESL placement for grades 1-12	WIDA <u>Access:</u> Annual assessment of ALL ELs to measure student growth and proficiency. T1-T4 students DO NOT take this test.

Student Identification:

- Students are identified at the local area schools through review of home language surveys. If any language other than English is listed on any part of the HLS, the student must be referred to the ESL teacher.
- Once students are referred, they are assessed using the WIDA W-APT Placement Test or the WIDA Online Screener. These tests determine whether a student qualifies for the ESL program in Bartlett City Schools.
- Using the appropriate assessment, services are based on each student’s language level, literacy needs, and teacher recommendations.

Transitioning and Exiting:

- Students who score a composite of 4.2 or above and 4.0 or above on literacy on WIDA ACCESS can be exited from the program and can be moved to T1 status.
- Exited students are monitored for two years, Transitional Year 1 (T1) and Transitional Year 2 (T2). T3 and T4 Students must be recorded in Power School and placed at the bottom of the ESL database.

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PART I: *To be completed by ESL teacher upon notification of English Language Learner.*

Student: Last Name, First Name _____ TNID: _____
Last First

Date of Birth: _____ U.S. Entry Date: _____ BCS Entry Date: _____ U.S. School Entry Date: _____

Male Female Home Language Survey Completed: YES NO If yes, date completed: _____

Country of Birth: _____ Home Language: _____ Grade: _____

School: Bartlett City Schools Teacher(s): _____ ESL Teacher: _____

Recently Arrived English Learner Date: _____ Long-Term English Learner Date: _____ SPED Date: _____

Indicate if: LFS (*Limited Formal Schooling*) SIFE (*Student with Interrupted Formal Education*) Interruption Dates: _____

PART II: *To Be completed by ESL teacher after intake and/or annual proficiency assessment.*

WIDA		Growth Trajectory			
W-APT date:	ACCESS date:	Year	Predicted Growth Standard	Expected Score to Meet ELPA Growth Standard (One-Year)	Actual WIDA Composite Score
Listening:	Listening:	2018			
Speaking:	Speaking:	2019			
Reading:	Reading:	2020			
Writing:	Writing:	2021			
Literacy:	Literacy:				
Composite:	Composite:				

AIMSwebPlus: _____

ESL Teacher's Signature: _____ Date: _____

PART III: *To be completed by ESL teacher within 10 days of initial testing or start of school year.*

PROGRAM ENTRY LEVEL (*For Current Year*): **Entering** **Emerging** **Developing** **Expanding** **Bridging** **Reaching**
 (Select One) 1 2 3 4 5 6

SUMMARY AND RECOMMENDATIONS (*Mark letter choices that apply.*)

A. Assign to ESL: YES NO If yes, service schedule: Daily Pullout Tailored Pullout Other: _____
 Weekly Service Hours: _____

B. Accommodations on: TN State Assessments Classwork (*See reverse*) Instructions (*See reverse*) Assessment (*See reverse*)

C. Parent waived service. (*Regular classroom with appropriate accommodations.*)

D. Exited Program: Date: _____

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E. Transitional Monitoring: Year 1 (T1) Year 2 (T2) Year 3 (T3) Year 4 (T4)

Form Copy: Student Cumulative File ELL Folder Classroom Teacher District Office

Listed below are accommodations that facilitate comprehension for ELLs during instruction, practice, and assessment. These accommodations are determined through consideration of the student's English language proficiency level and individual instructional needs based on WIDA's W-APT and ACCESS scores, ESL Reference Guides, and the Modification Strategy Sheet. Accommodations are a mandatory part of the student's individual ELL plan in accordance with the Equal Educational Opportunities Act (EEOA), 20 U.S.C. Section 1703 (f) (1974). As the student transitions from level to level, his/her plan should be reviewed and revised accordingly. An ELL student may not receive a failing grade based only on lack of language ability. However, they may receive a failing grade when documentation of utilized accommodations and work samples are provided. Please communicate with the ESL teacher to express questions, concerns, and/or suggestions regarding the student's ELL plan.

Check the number(s) for each accommodation that applies to this student in the areas of instruction, assignments, and assessments.

INSTRUCTION	ASSESSMENTS
<input type="checkbox"/> Simplify language used in instruction <input type="checkbox"/> Provide additional instructions including reviews, drills, and/or opportunities for reteaching <input type="checkbox"/> Teach in small groups <input type="checkbox"/> Allow for peer teaching (in primary language as needed) <input type="checkbox"/> Increase the use of manipulatives to enhance concepts <input type="checkbox"/> Provide visual aids to enhance key concepts <input type="checkbox"/> Use graphic organizers <input type="checkbox"/> Allow for alternate seating for proximity to peer helper or teacher as necessary <input type="checkbox"/> Assist student in creating/building picture card file for key vocabulary <input type="checkbox"/> Incorporate group work and cooperative learning activities <input type="checkbox"/> Utilize alternate reading assignments/materials at the student's reading level <input type="checkbox"/> Utilize resources in the student's first language <input type="checkbox"/> Teach new concepts in chunks <input type="checkbox"/> Provide frequent checks for comprehension	<input type="checkbox"/> Provide a word bank for fill in the blank or labeling items <input type="checkbox"/> Allow student an opportunity to have test read aloud by teacher or aide in regular class <input type="checkbox"/> Allow fact or formula note cards for exams <input type="checkbox"/> Allow for small group administration of assessments <input type="checkbox"/> Rewrite test items at a lower reading level <input type="checkbox"/> Reduce the number of choices on tests/quizzes <input type="checkbox"/> Accept correct answer in alternate form (drawing, misspelled, lists, graphic organizers, etc.) <input type="checkbox"/> Limit matching questions to 5-10 items per section <input type="checkbox"/> Allow extended time if needed <input type="checkbox"/> Allow student an opportunity to give oral responses to be recorded by teacher or aide <input type="checkbox"/> Require reduced sentence or paragraph length in open-ended responses and composition <input type="checkbox"/> Allow students to redo or correct work when appropriate (may be for partial credit) <input type="checkbox"/> Permit the use of bilingual dictionaries or electronic translating device <input type="checkbox"/> Use rubrics as an assessment tool in place of textbook tests <input type="checkbox"/> Provide opportunities for the student to take tests in sections/chunks
ASSIGNMENTS	ADDITIONAL ACCOMMODATIONS
<input type="checkbox"/> Allow editing and revision before grading <input type="checkbox"/> Provide a daily or weekly syllabus of class and homework assignments <input type="checkbox"/> Give alternative homework or class work assignments suitable to the student's linguistic ability for activities and assessments <input type="checkbox"/> Extend time for assignment completion as necessary <input type="checkbox"/> Allow students an opportunity to express key concepts in their own words <input type="checkbox"/> Utilize alternate reading assignments/materials at the student's reading level. When possible, use material specifically designed for ELLs <input type="checkbox"/> Utilize resources in the student's first language <input type="checkbox"/> Substitute a hands-on activity or use of different media in projects for a written activity <input type="checkbox"/> Utilize assignment notebooks	<input type="checkbox"/> Permit the use of picture dictionaries during instruction, assignments, and/or assessments as needed <input type="checkbox"/> Computer assisted language learning programs(s): _____ <input type="checkbox"/> Sheltered Instruction: _____ <p align="center"><i>(indicate content area)</i></p> <p><u>Home Language Survey Questions:</u></p> <p>What is the first language this child learned to speak? _____</p> <p>What language does this child speak most often outside of school? _____</p> <p>What language do people usually speak in this child's home? _____</p>

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<input type="checkbox"/> Simplify language or shorten assignments <input type="checkbox"/> Permit the use of bilingual dictionaries or translation device	
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Comments

Please provide comments every quarter.

Teacher Comments			
1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
<i>How is your EL performing?</i> Please check one: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____	<i>How is your EL performing?</i> Please check one: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____	<i>How is your EL performing?</i> Please check one: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____	<i>How is your EL performing?</i> Please check one: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____

Parent Comments			
1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
<i>How do you feel your child is progressing at school?</i> Please check one: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____	<i>How do you feel your child is progressing at school?</i> Please check one: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____	<i>How do you feel your child is progressing at school?</i> Please check one: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____	<i>How do you feel your child is progressing at school?</i> Please check one: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Comments: _____

Student Comments			
1st Quarter	2nd Quarter	3rd Quarter	4th Quarter

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<p><i>How do you feel like you are doing in school?</i></p> <p>Please check one:</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p> <p>Comments: _____</p>	<p><i>How do you feel like you are doing in school?</i></p> <p>Please check one:</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p> <p>Comments: _____</p>	<p><i>How do you feel like you are doing in school?</i></p> <p>Please check one:</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p> <p>Comments: _____</p>	<p><i>How do you feel like you are doing in school?</i></p> <p>Please check one:</p> <p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Unsatisfactory</p> <p>Comments: _____</p>
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