**Demographics**

**DATE INITIATED**: Click here to enter a date. **Name:** Click here to enter text. **DOB:** Click here to enter text. **Gender:** Choose an item.

**SASID**: Click here to enter text. **School:** Click here to enter text. **Grade:** Choose an item. **Other Supports:** [ ] G/T [ ] IEP [ ] I504 [ ] Title 1

**Language Proficiency Level**: [ ] NEP [ ] LEP [ ] FEP/Monitor **ELD Program**: [ ] ESL Program [ ]  Bilingual Program

**Yrs in ELD Program** [ ] 1 [ ] 2 [ ] 3&up **Classroom Teacher**  **ELD Teacher:**

**Primary Language**: Click here to enter text. **US History:** \_\_\_US schools ≤12 months \_\_\_Immigrant ≤3yrs \_\_\_Refugee \_\_\_Migrant \_\_\_Homeless

**Qualifying CDE English Language Proficiency Assessment: WAPT or most recent ACCESS:** **Test Date**: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_Listening CLP \_\_\_\_Reading CLP \_\_\_\_Writing CLP \_\_\_\_Speaking CLP \_\_\_\_**Literacy CPL** \_\_\_\_\_**Composite**

**Screening Results**

**Select from pull down menu of approved Interim Assessments**

Screening Assessment: Choose an item. SCORE: Click here to enter text. Comments: Click here to enter text.

Progress Monitory Probe Assessment: SCORE: Click here to enter text. Comments: Click here to enter text.

**Diagnostic Results**

**Assessment:** Choose an item. **Score:** Click here to enter text. **Comments:** Click here to enter text.

**Assessment: Score:** Click here to enter text. **Comments:** Click here to enter text.

**Specific Early Literacy Skill Need**

**Indicate by area of priority 1-6 (1 = highest need)**

 Phonemic Awareness: Choose an item. Phonics: Fluency: Vocabulary: Oral Language: Comprehension:

**READ Plan Goal(s) for EL students**

List the goals in order of priority and align objectives for progress monitoring to the outlined goals

Language Development GOAL: Click here to enter text.

Literacy GOAL: Click here to enter text.

**Progress Monitor\*\***

**\*\***This section would match your specific skill **need** and would correlate to the goals developed for the student*.*  ***We would recommend using the Read Act minimum reading skill competencies* aligned to the Language Proficiency Level according to the WIDA CAN DO Descriptors. Attach Can Do Descriptors Student Profile Chart.**

**Select One:** A)Oral Language B) Vocabulary C) Phonemic Awareness D)Phonics E) Comprehension F) Fluency

**ELD DOMAIN Selected: Speaking , Listening, Reading or Writing**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ELD/LIT Objective (s)** | **PM1 DATE** | **Level** | **Comments** | **PM2 DATE** | **Level** | **Comments** | **PM3 DATE** | **Level** | **Comments** |
| * **Create a** **Content and Language Objective/ MPI**
 | Click here to enter a date. | Click here to enter text. | **Describe student’s response as evidence by PM tool data dynamic.** | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |

**Select One:** A)Oral Language B) Vocabulary C) Phonemic Awareness D)Phonics E) Comprehension F) Fluency

**ELD DOMAIN Selected: Speaking , Listening, Reading or Writing**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ELD/LIT Objective (s)** | **PM1 DATE** | **Level** | **Comments** | **PM2 DATE** | **Level** | **Comments** | **PM3 DATE** | **Level** | **Comments** |
| * **Create a** **Content and Language Objective/ MPI**
 | Click here to enter a date. | Click here to enter text. | **Describe student’s response as evidence by PM tool data dynamic.** | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |

**Select One:** A)Oral Language B) Vocabulary C) Phonemic Awareness D)Phonics E) Comprehension F) Fluency

**ELD DOMAIN Selected: Speaking , Listening, Reading or Writing**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ELD/LIT Objective (s)** | **PM1 DATE** | **Level** | **Comments** | **PM2 DATE** | **Level** | **Comments** | **PM3 DATE** | **Level** | **Comments** |
| * **Create a** **Content and Language Objective/ MPI**
 | Click here to enter a date. | Click here to enter text. | **Describe student’s response as evidence by PM tool data dynamic.** | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |

**Select One:** A)Oral Language B) Vocabulary C) Phonemic Awareness D)Phonics E) Comprehension F) Fluency

 **ELD DOMAIN Selected: Speaking , Listening, Reading or Writing**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ELD/LIT Objective (s)** | **PM1 DATE** | **Level** | **Comments** | **PM2 DATE** | **Level** | **Comments** | **PM3 DATE** | **Level** | **Comments** |
| * **Create a** **Content and Language Objective/ MPI**
 | Click here to enter a date. | Click here to enter text. | **Describe student’s response as evidence by PM tool data dynamic.** | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |

**ELD Instructional Accommodations: In order to assist this student to achieve grade-level academic English proficiency as soon as possible, the followinginstructional accommodations are provided by all teacher(s) in all tiers of instruction, as checked:**

|  |  |  |  |
| --- | --- | --- | --- |
| Selected  | ELD Instructional Accommodation  | Selected  | ELD Instructional Accommodation  |
|  | Sequencing with pictures / words /sentences  |  | Refer to CDE ELL Accommodation Guide  |
|  | Thinking Maps or other graphic organizers |  | Also refer to WIDA’s RtI2 for Social Cultural Factors |
|  | Provide word banks |  |  |
|  | Visuals, realia, and demonstrations |  |  |
|  | Peer buddy *(Offer support, not running translation)* |  |  |
|  | Cooperative Group Structures: Think Pair Share, Flexible Grouping  |  |  |
|  | Shorten spelling lists/fewer words |  |  |
|  | Provide sentence frames |  |  |
|  | Use simpler or familiar texts - Lexile Level \_\_\_\_\_\_ |  |  |
|  | Alternative readings /ELD reading program |  |  |
|  | Writing assignments aligned to WIDA Writing Rubric/Can Do Descriptors |  |  |
|  | Translation dictionary (word to word dictionary) |  |  |
|  | Provide copy of class notes with headers and visuals |  |  |
|  | Audiotapes/CDs for high frequency words, stories, etc. |  | Other: |
|  | Native Language Support |  |  |
|  |  |  |  |

**Additional Reading Services / Reading Interventions: Tier I, Tier II and Tier III**

The information listed below is designed to help develop reading proficiency and are above and beyond CORE instruction.

Level of Interventions: Choose an item. Intervention Program: Choose an item.If “Other” was selected please describe: Click here to enter text.

**Universal Program:** Select the Core program the student is receiving for reading instruction

 Universal Program: Choose an item.

If “Other” was selected please describe: Click here to enter text.

**Family Component (link to talking points)**

To include family members in the development of the READ plan strategies must be given to implement at home that will supplement the services received at school.

**PARENT COMMUNICATION:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE | Initial Communication | Comments | DATE | Communication | Comments | Date | Communication | Comments |
| Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. |
|  |  |  |  |  |  |  |  |  |
| PM1 DATE | Communication | Comments | PM2DATE | Communication | Comments | PM3 Date | Communication | Comments |
| Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. | Click here to enter a date. | Choose an item. | Click here to enter text. |

Classroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 ELD Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 Administrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 Parent Acknowledgement of School’s Language Development Plan: Date: \_\_\_\_\_\_\_\_\_\_

 Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supplemental Services**

Identify any additional services the teacher deems available and appropriate to accelerate the student's reading skill development.

TYPE OF SERVICE: Choose an item. FREQUENCY OF SERVICE: Click here to enter text.

HOW THE SERVICE WILL ACCELERATE READING SKILL DEVELOPMENT: Click here to enter text.

**READ ACT PER PUPIL FUNDING**

How was per-pupil funding used for this student, indicate as many as apply to the student.

Summer School: [ ]  Full day kindergarten: [ ]  Approved Intervention: [ ]  Tutoring (beyond school hours): [ ]