## INDIVIDUAL INSTRUCTIONAL PLAN FOR ELL STUDENTS

Student Name: U.S. Entry Date: State ID#: Grade Level: Date of entry in any U.S. So Date of entry in Vermont so Date of entry in current sche Emergency Contact Numbe Translation services needed Written Oral Translator/Interpreter current	chool: cool: rs: for family: YES NO Both ntly working with this f	(circle one) (circle one) family:	0# ame and District:
at(sch			
Language background (inclinistory):  Place of birth:  Notes regarding any other c			
Dates for current Instruction	nal Plan:	to	
Review date scheduled for:		_	
Student's educational team Name of team member:	members for duration o	of current IE	EP: Title/Position:

Language Proficiency Scores: Date:	Name of Test:	Results:
(for high school only): GPA: Credits earned to date: Status (freshman, sophomore,	, etc.):	
ELL instruction needed in (Careading	ircle all that apply):	
Writing		
Listening		
Speaking		

Additional notes regarding instruction in any or all language domains:		
Accommodations allowed for instruction:		
Accommodations allowed for: On-going classroom assessments:		
District tests:		
State tests:		
National tests:		
Type and Amount of support services recommended (i.e. small group pullout $/$ 3 x week for 30 min each time) (Please include ESL instructor's name):		
(for high school): ESL English Class		
Tutorial ESL Class		
In-class Support		

Student strengths:	
Challenges:	
Notes:	
Student signature:	 
Parent signature: Classroom teacher signature:	 
ELL case manager signature:	
This report prepared by: Date report was prepared:	
ml/4/7/05 revised	