



**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
**INDIVIDUAL LEP STUDENT PLAN**  
**ELEMENTARY**

Name: \_\_\_\_\_

I.D.: \_\_\_\_\_

Additional Student Information	School	Grade	Year
Date of Birth: _____	_____	_____	_____
Place of Birth: _____	_____	_____	_____
Student Language: _____	_____	_____	_____
Parent/Guardian Language: _____	_____	_____	_____
Entry Date to M-DCPS: _____	_____	_____	_____

***Initial Assessment/Placement in ESOL Information***

English Language Proficiency Assessment: \_\_\_\_\_

Assessment Date (MM/DD/YY): \_\_\_\_\_ Score: \_\_\_\_\_ ESOL Level: \_\_\_\_\_

Basis of Entry:  Aural/Oral  LEP Committee

Reading/Writing (Grades 4-5/6)

Metropolitan Achievement Test (MAT-7)                      Reading Subtest \_\_\_\_\_ %ile  
 Other: \_\_\_\_\_    Language Subtest \_\_\_\_\_ %ile

ESOL Program Initial Entry Date (MM/DD/YY): \_\_\_\_\_

ESOL Program Re-entry Date(s) (MM/DD/YY): \_\_\_\_\_

***Program Exit Information***

English Language Proficiency Assessment: \_\_\_\_\_

Assessment Date (MM/DD/YY): \_\_\_\_\_ Score: \_\_\_\_\_ ESOL Level: \_\_\_\_\_

Basis of Exit:  Aural/Oral  Reading/Language  LEP Committee

Reading/Writing (Grades 4-5/6)

Metropolitan Achievement Test (MAT-7) *or*                      Reading Subtest \_\_\_\_\_ %ile  
 Florida Comprehensive Assessment Test (FCAT-NRT) (Grades 4-5/6)

**AND**  
 Metropolitan Achievement Test (MAT-7)                      Language Subtest \_\_\_\_\_ %ile  
 Other: \_\_\_\_\_

ESOL Program Exit Date (MM/DD/YY): \_\_\_\_\_

**ESOL LEVEL AND PROGRAM UPDATE INFORMATION**

Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			
Date (MM/DD/YY): _____	Instrument: _____	Score: _____	Level: _____
		<input type="checkbox"/> Exit	<input type="checkbox"/> Continue
Teacher Signature: _____ School: _____			

**PROGRAM PARTICIPATION**

<b>LANGUAGE ARTS/READING/ESOL</b>	ESOL I, II, III, & IV Instructional time equals two hours daily							
<b>HOME LANGUAGE ARTS</b>	Spanish S or Haitian Creole 150 minutes weekly minimum							
<b>BASIC SUBJECT AREAS</b>	Identify with an X the strategies used for the program delivery. CCHL (Level I and II) and/or CCE/ESOL (Level I, II, III, and IV)							
	Grade: _____ Date (MM/DD/YY): _____		Grade: _____ Date (MM/DD/YY): _____		Grade: _____ Date (MM/DD/YY): _____		Grade: _____ Date (MM/DD/YY): _____	
	CCHL	CCE/ ESOL	CCHL	CCE/ ESOL	CCHL	CCE/ ESOL	CCHL	CCE/ ESOL
	Science							
Social Studies								
Mathematics								

**PROMOTION/RETENTION OF THIRD GRADE STUDENTS**

Date (MM/DD/YY): \_\_\_\_\_

Meets Sunshine State Standards in reading →  Promoted

Does not meet Sunshine State Standards in reading:

Promoted - good cause exemption # \_\_\_\_\_  
 Retained (*Refer to LEP Committee Meetings section.*)

Teacher Signature: \_\_\_\_\_ School: \_\_\_\_\_

**POST PROGRAM REVIEW**

*TO BE COMPLETED BY THE LANGUAGE ARTS/READING TEACHER*

<b>First Grading Period After Exiting</b>	<input type="checkbox"/> Making appropriate progress/continue in regular program	<input type="checkbox"/> Refer to LEP Committee	<input type="checkbox"/> Other (specify) _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

<b>End of First Semester After Exiting</b>	<input type="checkbox"/> Making appropriate progress/continue in regular program	<input type="checkbox"/> Refer to LEP Committee	<input type="checkbox"/> Other (specify) _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

<b>End of First Year After Exiting</b>	<input type="checkbox"/> Making appropriate progress/continue in regular program	<input type="checkbox"/> Refer to LEP Committee	<input type="checkbox"/> Other (specify) _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

<b>End of Second Year after Exiting</b>	<input type="checkbox"/> Making appropriate progress/continue in regular program	<input type="checkbox"/> Refer to LEP Committee	<input type="checkbox"/> Other (specify) _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

**LEP COMMITTEE MEETINGS**

Grade: _____ Date: ____/____/____ Members: Administrator _____ ESOL Teacher _____ BSHL* Teacher _____ Teacher _____ Counselor _____ Parent _____ Other _____ <b><i>Complete information below to support decision:</i></b> Purpose for meeting: _____ _____ _____ Recommendations: _____ _____ _____ Rationale for recommendations (minimum of 2): _____ _____ _____ <input type="checkbox"/> Continue <input type="checkbox"/> Exit <input type="checkbox"/> Retain <input type="checkbox"/> Initiate AIP (Refer to AIP attachment[s]) <input type="checkbox"/> Copy of AIP sent to parent <input type="checkbox"/> Request for CST/SST** Assistance <input type="checkbox"/> Reclassify as ESOL Level IV <input type="checkbox"/> Other _____	Grade: _____ Date: ____/____/____ Members: Administrator _____ ESOL Teacher _____ BSHL* Teacher _____ Teacher _____ Counselor _____ Parent _____ Other _____ <b><i>Complete information below to support decision:</i></b> Purpose for meeting: _____ _____ _____ Recommendations: _____ _____ _____ Rationale for recommendations (minimum of 2): _____ _____ _____ <input type="checkbox"/> Continue <input type="checkbox"/> Exit <input type="checkbox"/> Retain <input type="checkbox"/> Initiate AIP (Refer to AIP attachment[s]) <input type="checkbox"/> Copy of AIP sent to parent <input type="checkbox"/> Request for CST/SST** Assistance <input type="checkbox"/> Reclassify as ESOL Level IV <input type="checkbox"/> Other _____	Grade: _____ Date: ____/____/____ Members: Administrator _____ ESOL Teacher _____ BSHL* Teacher _____ Teacher _____ Counselor _____ Parent _____ Other _____ <b><i>Complete information below to support decision:</i></b> Purpose for meeting: _____ _____ _____ Recommendations: _____ _____ _____ Rationale for recommendations (minimum of 2): _____ _____ _____ <input type="checkbox"/> Continue <input type="checkbox"/> Exit <input type="checkbox"/> Retain <input type="checkbox"/> Initiate AIP (Refer to AIP attachment[s]) <input type="checkbox"/> Copy of AIP sent to parent <input type="checkbox"/> Request for CST/SST** Assistance <input type="checkbox"/> Reclassify as ESOL Level IV <input type="checkbox"/> Other _____
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\* **Basic Skills in the Home Language**  
 \*\***Child Study Team/School Support Team**

<b>School Year 200__-200__ STATE ASSESSMENT RESULTS (see attached)</b>											
<b>Reading</b> <input type="checkbox"/> AIP Initiated			<b>Writing</b> <input type="checkbox"/> AIP Initiated			<b>Mathematics</b> <input type="checkbox"/> AIP Initiated			<b>Science</b> <input type="checkbox"/> AIP Initiated		
Developmental Scale Score:		Level:	N E P		Developmental Scale Score:		Level:	FCAT SSS Score:		Level:	
<b>Content Area Scores</b>	Words and Phrases	_____	_____			<b>Content Area Scores</b>	Number Sense	_____	<b>Content Area Scores</b>	Physical and Chemical	_____
	Main Idea, Plot, and Purpose	_____					Measurement	_____		Earth and Space	_____
	Comparisons and Cause/Effect	_____					Geometry/Spatial Sense	_____		Life and Environmental	_____
	Reference and Research	_____					Algebraic Thinking	_____		Scientific Thinking	_____
FCAT NRT Percentile:		Stanine:			FCAT NRT Percentile:		Stanine:	FCAT NRT Percentile:		Stanine:	

<b>School Year 200__-200__ STATE ASSESSMENT RESULTS (see attached)</b>											
<b>Reading</b> <input type="checkbox"/> AIP Initiated			<b>Writing</b> <input type="checkbox"/> AIP Initiated			<b>Mathematics</b> <input type="checkbox"/> AIP Initiated			<b>Science</b> <input type="checkbox"/> AIP Initiated		
Developmental Scale Score:		Level:	N E P		Developmental Scale Score:		Level:	FCAT SSS Score:		Level:	
<b>Content Area Scores</b>	Words and Phrases	_____	_____			<b>Content Area Scores</b>	Number Sense	_____	<b>Content Area Scores</b>	Physical and Chemical	_____
	Main Idea, Plot, and Purpose	_____					Measurement	_____		Earth and Space	_____
	Comparisons and Cause/Effect	_____					Geometry/Spatial Sense	_____		Life and Environmental	_____
	Reference and Research	_____					Algebraic Thinking	_____		Scientific Thinking	_____
FCAT NRT Percentile:		Stanine:			FCAT NRT Percentile:		Stanine:	FCAT NRT Percentile:		Stanine:	

<b>School Year 200__-200__ STATE ASSESSMENT RESULTS (see attached)</b>											
<b>Reading</b> <input type="checkbox"/> AIP Initiated			<b>Writing</b> <input type="checkbox"/> AIP Initiated			<b>Mathematics</b> <input type="checkbox"/> AIP Initiated			<b>Science</b> <input type="checkbox"/> AIP Initiated		
Developmental Scale Score:		Level:	N E P		Developmental Scale Score:		Level:	FCAT SSS Score:		Level:	
<b>Content Area Scores</b>	Words and Phrases	_____	_____			<b>Content Area Scores</b>	Number Sense	_____	<b>Content Area Scores</b>	Physical and Chemical	_____
	Main Idea, Plot, and Purpose	_____					Measurement	_____		Earth and Space	_____
	Comparisons and Cause/Effect	_____					Geometry/Spatial Sense	_____		Life and Environmental	_____
	Reference and Research	_____					Algebraic Thinking	_____		Scientific Thinking	_____
FCAT NRT Percentile:		Stanine:			FCAT NRT Percentile:		Stanine:	FCAT NRT Percentile:		Stanine:	

**Miami-Dade County Public Schools**  
**Elementary Academic Improvement Plan (AIP) for LEP Students**  
**School Year 200 \_\_\_\_ - 200 \_\_\_\_**

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Teacher: \_\_\_\_\_

<b>READING</b>											
Areas Assessed											
Date	Assessment Instrument(s)	Phonemic Awareness		Phonics		Fluency		Vocabulary		Comprehension	
		Intervention Required		Intervention Required		Intervention Required		Intervention Required		Intervention Required	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Within 1 <sup>st</sup> Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
Within 2 <sup>nd</sup> Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
Within 3 <sup>rd</sup> Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
Within 4 <sup>th</sup> Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M

**Monitoring Status Codes** - If a student receives an "IP" insufficient progress or "SP" some progress toward mastery of content area, interventions continue in the next nine weeks. If student receives an "IP" after two nine-week periods interventions **must** be changed. If a student receives an "M", mastery has been achieved in content area.

Parent/Guardian Signature	Date	Student Signature (Optional for Primary)	Date
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**Miami-Dade County Public Schools**  
**Elementary Academic Improvement Plan (AIP) for LEP Students**  
**School Year 200 \_\_\_\_ - 200 \_\_\_\_**

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Teacher: \_\_\_\_\_

<b>WRITING</b>									
Areas Assessed									
Date	Narrative			Expository			Persuasive		
	Assessment	Intervention Required		Assessment	Intervention Required		Assessment	Intervention Required	
		Yes	No		Yes	No		Yes	No

Within 1 <sup>st</sup> Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M
				IP	SP	M

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Parent/Guardian Signature	Date	Student Signature (Optional for Primary)	Date
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**Miami-Dade County Public Schools**  
**Elementary Academic Improvement Plan (AIP) for LEP Students**  
**School Year 200 \_\_\_\_\_ - 200 \_\_\_\_\_**

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Teacher: \_\_\_\_\_

<b>MATHEMATICS</b>											
Areas Assessed (Strands)											
Date	Assessment Instrument(s)	Number Sense, Concepts, and Operations		Measurement		Geometry/Spatial Sense		Algebraic Thinking		Data Analysis and Probability	
		Intervention Required		Intervention Required		Intervention Required		Intervention Required		Intervention Required	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Within 1 <sup>st</sup> Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
				IP	SP	M
				IP	SP	M
Within 2 <sup>nd</sup> Nine Weeks				IP	SP	M
				IP	SP	M
				IP	SP	M
Within 3 <sup>rd</sup> Nine Weeks				IP	SP	M
				IP	SP	M
				IP	SP	M
Within 4 <sup>th</sup> Nine Weeks				IP	SP	M
				IP	SP	M
				IP	SP	M

**Monitoring Status Codes** - If a student receives an "IP" insufficient progress or "SP" some progress toward mastery of content area, interventions continue in the next nine weeks. If student receives an "IP" after two nine-week periods interventions **must** be changed. If a student receives an "M", mastery has been achieved in content area.

Parent/Guardian Signature	Date	Student Signature (Optional for Primary)	Date
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**Miami-Dade County Public Schools**  
**Elementary Academic Improvement Plan (AIP) for LEP Students**  
**School Year 200 \_\_\_\_ - 200 \_\_\_\_**

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Teacher: \_\_\_\_\_

<b>SCIENCE</b>									
Areas Assessed (Clusters)									
Date	Assessment Instrument(s)	Physical and Chemical Science		Earth and Space Science		Life and Environmental Science		Scientific Thinking	
		Intervention Required		Intervention Required		Intervention Required		Intervention Required	
		Yes	No	Yes	No	Yes	No	Yes	No

Within 1 <sup>st</sup> Nine Weeks	Specific Needs	Interventions/Strategies	Monitoring Date	Monitoring Status		
				IP	SP	M
Within 2 <sup>nd</sup> Nine Weeks	Specific Needs	Interventions/Strategies				
Within 3 <sup>rd</sup> Nine Weeks	Specific Needs	Interventions/Strategies				
Within 4 <sup>th</sup> Nine Weeks	Specific Needs	Interventions/Strategies				

**Monitoring Status Codes** - If a student receives an "IP" insufficient progress or "SP" some progress toward mastery of content area, interventions continue in the next nine weeks. If student receives an "IP" after two nine-week periods interventions **must** be changed. If a student receives an "M", mastery has been achieved in content area.

Parent/Guardian Signature	Date	Student Signature (Optional for Primary)	Date
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