MIAMI-DADE COUNTY PUBLIC SCHOOLS
INDIVIDUAL LEP STUDENT PLAN
SECONDARY

Student Information

Name: _____	**Current School** **Grade** **School Year**
I.D. _____	
Date of Birth: _____	**Entry Date:** _____
Place of Birth: _____	
Student Language: _____	**Previous School** **Grade** **School Year**
Parent/Guardian Language: _____	
Entry Date to M-DCPS: _____	**Withdrawal Date:** _____

Initial Assessment/Placement in *ESOL* Program

English Language Proficiency Assessment Instrument: _____

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

Basis of Entry: ❏Aural/Oral   ❏LEP Committee

Reading/Writing (Grades 6-12)

Metropolitan Achievement Test (MAT-7):   Reading Subtest _____%tile

Language Subtest _____%tile

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

Program Exit Information

English Language Proficiency Assessment Instrument: _____

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

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

Reading (Grades 6-12)

❏Metropolitan Achievement Test (MAT-7) or   Reading Subtest _____%tile
❏Florida Comprehensive Assessment Test (FCAT-NRT) (Grades 6-1 0)

AND

Writing (Grades 6-12)

❏Metropolitan Achievement Test (MAT-7)   Language Subtest _____%tile

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ESOL LEVEL AND PROGRAM UPDATE INFORMATION

Date (MM/DD/YY): _____ Instrument: _____ Score: _____ Level: _____

Teacher Signature: _____ School: _____

Date (MMIDD/YY): _____ Instrument: _____ Score: _____ Level: _____

Teacher Signature: _____ School: _____

Date (MM/DD/-YY): _____ Instrument: _____ Score: _____ Level: _____

Teacher Signature: _____ School: _____

Date (MM/DD/YY): _____ Instrument: _____ Score: _____ Level: _____

Teacher Signature: _____ School: _____

Date (MM/DD/YY): _____ Instrument: _____ Score: _____ Level: _____

Teacher Signature: _____ School: _____

Date (MM/DD/YY): _____ Instrument: _____ Score: _____ Level: _____

Teacher Signature: _____ School: _____

Date (MM/DD/YY): _____ Instrument: _____ Score: _____ Level: _____

Teacher Signature: _____ School: _____

Date (MM/DD/YY): _____ Instrument: _____ Score: _____ Level: _____

Teacher Signature: _____ School: _____

Date (MM/DD/YY): _____ Instrument: _____ Score: _____ Level: _____

Teacher Signature: _____ School: _____

PROGRAM PARTICIPATION - Print and file schedule with LEP Plan

M/J Language Arts Through ESOL	English Through ESOL	Scheduled by grade level		
M/J Developmental Language Arts Through ESOL	Developmental Language Arts Through ESOL	Scheduled by ESOL levels I, II, III, & IV		
BASIC SUBJECT AREAS		Identify with an X the strategies used for program delivery. BCC (Level I and II) and/or CCEIESOL (Level I, II, III, and IV)		
		Science	Social Sciences	Mathematics	Computer Literacy
Grade: _____ Date: _____		❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL
Grade: _____ Date: _____		❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL
Grade: _____ Date: _____		❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL
Grade: _____ Date: _____		❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL	❏ BCC ❏ CCE/ESOL

FM-4650 Rev. (02-05)

POST PROGRAM REVIEW

TO BE COMPLETED BY THE LANGUAGE ARTS/READING TEACHER

End of First Grading Period after exiting	☐ Making appropriate progress/continue in regular program	☐ Refer to LEP Committee	☐ Other (specify) _____ _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

End of First Semester after exiting	☐ Making appropriate progress/continue in regular program	☐ Refer to LEP Committee .	☐ Other (specify) _____ _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

End of First Year after exiting	☐ Making appropriate progress/continue in regular program	☐ Refer to LEP Committee	☐ Other (specify) _____ _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/-YY): _____		

End of Second Year after exiting	☐ Making appropriate progress/continue in regular program	☐ Refer to LEP Committee	☐ Other (specif~) _____ _____ _____
	Signature: _____ Grade: _____ Date (MM/DD/YY): _____		

Complete information below to support decision:

Purpose for meeting: _____

Recommendations: _____

_____

Rationale for recommendations (min. of 2): _____

_____

❏ Continue   ❏ Exit   ❏ Retain

❏ Request for CST/SST** Assistance   ❏ Reclassify as ESOL Level IV

❏ Other _____

Grade: _____	Date: _____

Members: _____

Administrator   _____

ESOL Teacher   _____

Content Teacher   _____

Teacher   _____

Counselor   _____

Parent   _____

Other   _____

Complete information below to support decision:

Purpose for meeting: _____

Recommendations: _____

_____

Rationale for recommendations (min. of 2): _____

_____

❏ Continue   ❏ Exit   ❏ Retain

❏ Request for CST/SST** Assistance   ❏ Reclassify as ESOL Level IV

❏ Other _____

Grade: _____	Date: _____

Members: _____

Administrator   _____

ESOL Teacher   _____

Content Teacher   _____

Teacher   _____

Counselor   _____

Parent   _____

Other   _____

Complete information below to support decision:

Purpose for meeting: _____

Recommendations: _____

_____

Rationale for recommendations (min. of 2): _____

_____

❏ Continue   ❏ Exit   ❏ Retain

❏ Request for CST/SST** Assistance   ❏ Reclassify as ESOL Level IV

❏ Other _____

Grade: _____	Date: _____

Members: _____

Administrator   _____

ESOL Teacher   _____

Content Teacher   _____

Teacher   _____

Counselor   _____

Parent   _____

Other   _____

**Child Study Team/School Support Team