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| **Post-Exit EL Monitoring Form (Elementary)**  |
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|  | *Pages 1 and 3 to be completed by the appropriate EL/Bilingual Education Staff*  |  |

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| **Student Name** |  |  |
| **Grade in 1st year of monitoring** |  | **Academic Year** |  |
| **Name of classroom teacher***(1st year of monitoring)* |  | *The classroom teacher is responsible for completing this form at quarterly intervals and returning it to the EL/Bilingual Education teacher for review.*  |
| **Name of classroom teacher***(2nd year of monitoring)* |  |
| **Name of ESL/Bilingual Ed teacher***(1st year of monitoring)* |  | *The EL teacher is responsible for reviewing this form each time that it is completed by the classroom teacher.*  |
| **Name of ESL/Bilingual Ed teacher***(2nd year of monitoring)* |  |
| **ESL Coordinator** (Responsible for ensuring that this form is completed each quarter and maintained in the student’s academic record) |  |
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| **Exiting ACCESS for ELLs® Results:** |
| **Composite** | **Listening** | **Speaking** | **Reading** | **Writing** | **Literacy** | **Comprehension** | **Oral Language** |
|  |  |  |  |  |  |  |  |
|  |  |
| **PAWS Results (Below basic, Basic, Proficient, Advanced):** |  |
|  | **Reading** | **Mathematics** | **SAWS Writing** |
| **1st Year of monitoring** |  |  |  |
| **2nd year of monitoring** |  |  |  |
|  | 1st year of monitoring | 2nd year of monitoring |
| **Is the student receiving any special services?***(any academic services/programs in addition to the standard academic program)* | **NO** | **YES** | **NO** | **YES** |
| If yes, describe the services (1st year): |  |  |  |  |
| If yes, describe the services (2nd year): |  |  |

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| **Report Card Results:** |
|  | **1st year of monitoring** | **2nd year of monitoring** |
|  | **1st** | **2nd** | **3rd** | **4th** | **1st** | **2nd** | **3rd** | **4th** |
| **ELA** |  |  |  |  |  |  |  |  |
| **Math** |  |  |  |  |  |  |  |  |
| **Science**  |  |  |  |  |  |  |  |  |
| **Social Studies** |  |  |  |  |  |  |  |  |

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| **Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **1st Year of Monitoring** | Teacher’sInitials: | 1st\_\_\_\_\_\_ | 2nd\_\_\_\_\_\_ | 3rd\_\_\_\_\_ | 4th\_\_\_\_\_\_ |  |  |
| Quarter |
| **Rate the student’s performance in each of the following areas** (*1 = never 2 = seldom 3 = sometimes 4 = often 5 = always*) |  | 1st | 2nd | 3rd | 4th |
| 1. The student completes assignments on-time. - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student communicates effectively with teacher. - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student participates effectively in class projects.- - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student participates effectively in class discussions. - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student is able to work independently. - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student attends class regularly. - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student displays effort and enthusiasm in class. - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student requires additional assistance with assignments. - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student shows evidence of difficulty with language. - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student has discipline problems that interfere with his/her academic progress. - - - - - -
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|  |  | 1st | 2nd | 3rd | 4th |
| Have EL strategies been implemented to respond to the language needs of the former EL? |  |  |  |  |

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| Do you recommend that this student be considered for reclassification as an EL?  |  |  |  |  |

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| *If you have additional comments, attach them to this form when you return it into the EL teacher. Make sure you identify which monitoring year and quarter you are commenting on.* |

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| **2nd Year of Monitoring** | Teacher’sInitials: | 1st\_\_\_\_\_\_ | 2nd\_\_\_\_\_\_ | 3rd\_\_\_\_\_ | 4th\_\_\_\_\_\_ |  |  |
| Quarter |
| **Rate the student’s performance in each of the following areas** (*1 = never 2 = seldom 3 = sometimes 4 = often 5 = always*) |  | 1st | 2nd | 3rd | 4th |
| 1. The student completes assignments on-time. - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student communicates effectively with teacher. - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student participates effectively in class projects.- - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student participates effectively in class discussions. - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student is able to work independently. - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student attends class regularly. - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student displays effort and enthusiasm in class. - - - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student requires additional assistance with assignments. - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student shows evidence of difficulty with language. - - - - - - - - - - - - - - - - - - - - - - - - -
 |  |  |  |  |
| 1. The student has discipline problems that interfere with his/her academic progress. - - - - - -
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|  |  | 1st | 2nd | 3rd | 4th |
| Have ESL strategies been implemented to respond to the language needs of the former EL? |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Do you recommend that this student be considered for reclassification as an EL?  |  |  |  |  |

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| *If you have additional comments, attach them to this form when you return it into the EL teacher. Make sure you identify which monitoring year and quarter you are commenting on.* |

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| ***To be completed by appropriate ESL staff*** |

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| **1st year of monitoring** |  | 1st | 2nd | 3rd | 4th |
| I received and reviewed this form.*(EL staff member initials)* | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

***Complete the following items only if the information on this form indicates that the former ELL is struggling:***

|  |
| --- |
| **I have collaborated with the classroom teacher to incorporate instructional strategies to respond to the language needs of the former ELL.** *(if the answer is “Yes”, describe the collaboration in the comments section)* |
| **1st** | **Yes No** | *Comments:*  |
| **2nd** | **Yes No** | *Comments:* |
| **3rd** | **Yes No** | *Comments:* |
| **4th** | **Yes No** | *Comments: requirement*  |  |  |  |

***NOTE:*** *A student may not be recommended for reclassification if collaboration between the EL and classroom teacher has not taken place.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1st | 2nd | 3rd | 4th |
| I recommend that this student be reclassified as an ELL. |  |  |  |  |

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| If a recommendation is made to reclassify, have the parents been notified?  | **YES** | **NO** |

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| --- | --- | --- | --- | --- | --- |
| **2nd year of monitoring** |  | 1st | 2nd | 3rd | 4th |
| I received and reviewed this form.*(EL staff member initials)* | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

***Complete the following items only if the information on this form indicates that the former ELL is struggling:***

|  |
| --- |
| **I have collaborated with the classroom teacher to incorporate instructional strategies to respond to the language needs of the former ELL.** *(if the answer is “Yes”, describe the collaboration in the comments section)* |
| **1st** | **Yes No** | *Comments:*  |
| **2nd** | **Yes No** | *Comments:* |
| **3rd** | **Yes No** | *Comments:* |
| **4th** | **Yes No** | *Comments:* |  |  |  |

***NOTE:*** *A student may not be recommended for reclassification if collaboration between the EL and classroom teacher has not taken place.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1st | 2nd | 3rd | 4th |
| I recommend that this student be reclassified as an EL. |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| If a recommendation is made to reclassify, have the parents been notified?  | **YES** | **NO** |