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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** | |
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| **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’s  Initials: | 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’s  Initials: | 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? | |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.*

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| --- | --- | --- | --- | --- |
|  | 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** |