



# Individual EL Plan (IEL Plan)

## Section 1: Student and School Information

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Student Name \_\_\_\_\_ WISER ID \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Grade \_\_\_\_\_ District Name \_\_\_\_\_  
School Name \_\_\_\_\_ Date of IELP Meeting \_\_\_\_\_  
Date of Initial Meeting, \_\_\_\_\_ Years in EL Program \_\_\_\_\_

Current EL Status

Monitoring Year 1     Monitoring Year 2     Monitoring Year 3     Monitoring Year 4  
 Newcomer EL (2 years or less in US)     EL with a disability     Long Term EL (LTEL)

## Section 2: Student and School Information

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Teacher:

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Print Name	Title	Signature
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Teacher:

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Print Name	Title	Signature
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Teacher:

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Print Name	Title	Signature
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Teacher:

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Print Name	Title	Signature
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School Counselor:

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Print Name	Title	Signature
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Parent/Guardian:

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Print Name	Title	Signature
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Parent/Guardian:

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Print Name	Title	Signature
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Other attendee:

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Print Name	Title	Signature
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**Amendments/Updates:** Document amendments to the student's Individual English Learner Plan.A

Date of meeting	Changes	Team members initials

**Student Growth Trajectory**

EL District Test Coordinator retrieves student information in the [ACCESS Assessment Confidential](#).

First year scores/information determines projected years in program

First Year Student was identified as an Active English Learner.

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The Grade Student was identified as an Active English Learner.

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First Year Composite Performance Level (CPL-which determines projected years in program).

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Expected Year student is anticipated to Meet the ACCESS proficiency criteria and exit Active EL Status.

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First Year Scale Score Proficiency Level (SSPL).

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Projected Grade Student is expected to Meet the ACCESS Proficiency Criteria and exit Active EL Status.

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### Section 3: Annual Composite Scale Score Target

#### WIDA Screener and ACCESS for ELLs Test Results

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Date (Month/Year)													
Composite Scale Score (CSS) Progress Target	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student met CSS annual target?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 4: ACCESS Assessment Information

#### WIDA Screener and ACCESS for ELLs Test Results

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13
Date (Month/Year)													
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Composite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### WY-TOPP/PAWS Test Results

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Date (Month/Year)										
ELA/Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ACT/WorkKeys Test Results**

	ACT Score		WorkKey Score	
Date (Month/Year)				
English				
Reading				
Writing				
Math				
Science				
ELA Composite				
STEM Composite				
Overall Composite				

**Other Test Results (e.g., District, Class, Formative, Unit)**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Date (Month/Year)										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 5: Instructional Program/Supports/Strategies**

**EL Program Model Used:** List any other services the student receives - remedial, current EL/bilingual program, and/or extended learning opportunities

**Name of EL Program/s student participated in:**

- Push In
- Dual Language Immersion (DLI)
- EL Class
- Content Based ESL
- Heritage Language
- Native Language Literacy
- Co-Teaching
- Pull Out
- Sheltered Instruction
- Transitional Bilingual Program
- Structured English Immersion
- Specially Designed Academic Instruction
- Newcomer Class
- Other

**WIDA Sensory Supports**

- Real-life objects (realia)
- Pictures & photographs
- Magazines & newspapers
- Videos & Films
- Models & figures
- Manipulatives
- Illustrations, diagrams & drawings
- Physical activities
- Broadcasts
- Other

**Graphic Supports**

- Charts
- Graphs
- Number lines
- Tables
- Timelines
- Other

**Interactive Supports**

- In pairs or partners
- In a whole group
- With the Internet or software programs
- With mentors
- In triads or small groups
- Using cooperative group structures
- In the native language (L1)
- Other

Any other information you would like to include about services provided to the student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Language acquisition support and instructional strategies used for the student:** List the supports, modifications, instructional accommodations, coordination with other programs, direct instruction, differentiation, etc. that are used based on student’s needs and English Language Proficiency scores

Social: \_\_\_\_\_  
\_\_\_\_\_

ELA: \_\_\_\_\_  
\_\_\_\_\_

Math: \_\_\_\_\_  
\_\_\_\_\_

Science: \_\_\_\_\_  
\_\_\_\_\_

Social Studies: \_\_\_\_\_  
\_\_\_\_\_

## Section 6: Accommodations/Designated Supports for Assessments

List the assessment accommodations/designated supports for the student simplified language, alternate mode, modified tests, written/oral alternatives, etc. that are used with fidelity.

Accommodation/Designated Support Description	ACCESS	WY-TOPP	WY-ALT	ACT	WorkKeys	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 7: Student Language, Learning and Social Goals

List the areas in which your student is trying to improve. \_\_\_\_\_

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## Section 8: Parental Notifications

Have parents been informed or involved in establishing the Title III targets and learning expectations?

YES       NO

Are parents included in supporting English language acquisition?

YES       NO

If included, are there specific strategies shared with parents to reinforce at home?

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## Section 9: Individual English Learner (IEL) Considerations

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Include all information on the student's background, level of native language proficiency, educational history in the home country and in the United States, and the student's strengths, interests and needs not included above. Parents and Students may help in drafting this portion of the IEL Plan. \_\_\_\_\_

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## Section 10: Individual English Learner (IEL) Considerations

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Student Name \_\_\_\_\_

Grade in 1st year of monitoring \_\_\_\_\_ Academic Year \_\_\_\_\_

Name of classroom teacher  
(1st year of monitoring)

Name of classroom teacher\*  
(2nd year of monitoring)

Name of ESL/Bilingual Ed teacher\*  
(1st year of monitoring)

Name of ESL/Bilingual Ed teacher  
(2nd year of monitoring)

EL Coordinator  
(Responsible for ensuring that this form is completed each quarter and maintained in the student's academic record)

\* The classroom teacher is responsible for completing this form at quarterly intervals and returning it to the EL/Bilingual Education teacher for review.

\*\* The EL teacher is responsible for reviewing this form each time that it is completed by the classroom teacher.

### Exiting ACCESS for ELLs® Results:

\_\_\_\_\_ Year student scored proficient

Composite \_\_\_\_\_

Listening \_\_\_\_\_

Speaking \_\_\_\_\_

Reading \_\_\_\_\_

Writing \_\_\_\_\_

Literacy \_\_\_\_\_

Comprehension \_\_\_\_\_

Oral Language \_\_\_\_\_

**WY-TOPP/WY-ALT Test Results (Below basic, Basic, Proficient, Advanced):**

	Reading	Mathematics	SAWS Writing
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)

YES       NO

If yes, describe the services (1st year):

YES       NO

If yes, describe the services (2nd year):

**Report Card Results:**

	1st year of monitoring				2nd year of monitoring			
	1st	2nd	3rd	4th	1st	2nd	3rd	4th
ELA/Writing								
Math								
Science								
Social Studies								

**1st Year of Monitoring**

Rate the student's performance in each of the following areas (1 = never 2 = seldom 3 = sometimes 4 = often 5 = always)	Quarter			
	1st	2nd	3rd	4th
The student completes assignments on-time.				
The student communicates effectively with teacher. The student participates effectively in class projects.				
The student participates effectively in class discussions.				
The student is able to work independently.				
The student attends class regularly.				
The student displays effort and enthusiasm in class.				
The student requires additional assistance with assignments.				
The student shows evidence of difficulty with language.				
The student has discipline problems that interfere with his/her academic progress.				



	Quarter			
	1st	2nd	3rd	4th
Have EL strategies been implemented to respond to the language needs of the former EL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you recommend that this student be considered for reclassification as an EL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher's Initials:      1st \_\_\_\_\_      2nd \_\_\_\_\_      3rd \_\_\_\_\_      4th \_\_\_\_\_

### 2nd Year of Monitoring

Rate the student's performance in each of the following areas (1 = never   2 = seldom   3 = sometimes   4 = often   5 = always)	Quarter			
	1st	2nd	3rd	4th
The student completes assignments on-time.				
The student communicates effectively with teacher. The student participates effectively in class projects.				
The student participates effectively in class discussions.				
The student is able to work independently.				
The student attends class regularly.				
The student displays effort and enthusiasm in class.				
The student requires additional assistance with assignments.				
The student shows evidence of difficulty with language.				
The student has discipline problems that interfere with his/her academic progress.				

	Quarter			
	1st	2nd	3rd	4th
Have EL strategies been implemented to respond to the language needs of the former EL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you recommend that this student be considered for reclassification as an EL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher's Initials:      1st \_\_\_\_\_      2nd \_\_\_\_\_      3rd \_\_\_\_\_      4th \_\_\_\_\_

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. To be completed

To be completed by appropriate ESL staff

### 1st year of monitoring

I received and reviewed this form.      1st \_\_\_\_\_      2nd \_\_\_\_\_      3rd \_\_\_\_\_      4th \_\_\_\_\_

(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 EL. (if the answer is "Yes", describe the collaboration in the comments section)

#### 1st Quarter

YES       NO

Comment: \_\_\_\_\_

#### 2nd Quarter

YES       NO

Comment: \_\_\_\_\_

#### 3rd Quarter

YES       NO

Comment: \_\_\_\_\_

#### 4th Quarter

YES       NO

Comment: \_\_\_\_\_

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

	Quarter			
	1st	2nd	3rd	4th
I recommend that this student be reclassified as an EL.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a recommendation is made to reclassify, have the parents been notified?

YES       NO

## 2nd year of monitoring

I received and reviewed this form.      1st \_\_\_\_\_      2nd \_\_\_\_\_      3rd \_\_\_\_\_      4th \_\_\_\_\_

(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 EL. (if the answer is "Yes", describe the collaboration in the comments section)

### 1st Quarter

YES       NO

Comment: \_\_\_\_\_

### 2nd Quarter

YES       NO

Comment: \_\_\_\_\_

### 3rd Quarter

YES       NO

Comment: \_\_\_\_\_

### 4th Quarter

YES       NO

Comment: \_\_\_\_\_

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

	Quarter			
	1st	2nd	3rd	4th
I recommend that this student be reclassified as an EL.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a recommendation is made to reclassify, have the parents been notified?

YES       NO