

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Bilingual /ESOL Department
ENGLISH LANGUAGE LEARNER (ELL) FOLDER

Student Name _____ FSI _____

(Last) (First) (Middle)

Date of Entry in United States School (DEUSS) _____ Entry in ESOL Program _____

Student Language _____ Parent Language _____

☐ Initial ELL Folder ☐ Replacement ☐ ELLSEP Folder included (English Language Learner Student Education Plan) if applicable

School Name _____
Year/Grade _____

School Name _____
Year/Grade _____

School Name _____
Year/Grade _____

- ❑ Programmatic Assessment (e.g. assessment instruments, report cards, transcripts)
- ❑ Current ***ELL Plan****
- ❑ Registration (Home Language Survey)
- ❑ Initial Oral Language Classification Assessment Form
- ❑ IPT Protocol Booklet(s)
- ❑ K-TEA (Gr. 3-12, if applicable)
- ❑ ***Parent Notification of Placement/Continuation of Services in the ESOL Program****
- ❑ ELL Committee Invitation Letter(s)
- ❑ ***ELL Committee Meeting with signatures****
- ❑ Flexible Setting Accommodation Letter (when applicable)
- ❑ State Assessment Score Report(s)
- ❑ ***Parent Notification of Student Exiting from the ESOL Program****
- ❑ Other

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ESOL Contact Signature mm/dd/yyyy

ESOL Contact Signature mm/dd/yyyy

ESOL Contact Signature mm/dd/yyyy

**Items generated in ELLevation*