Individual Language Acquisition Plan

# Section 1: General Information

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name |  | Date of Birth |  Click or tap to enter a date. |
| Age |  | School  |  |
| Grade |  | District |  |
| US Entry Date (if applicable) | Click or tap to enter a date. | US School Entry Date | Click or tap to enter a date. |
| Student’s Primary Language(s) |  | Birth Country (optional) |  |
| Language Use Survey Completed |  Click or tap to enter a date. | EL Start Date | Click or tap to enter a date. |
| Educational Background |  |

# Section 2: Assessments

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| **Identification** |
| English Language Proficiency Screener | WIDA Screener Online | Screening Conducted | Click or tap to enter a date. |
| **Listening** | **Speaking** | **Reading** | **Writing** | **Overall Composite** |
|  |  |  |  |  |

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| **Annual English Language Proficiency Assessment** |
| **Year** | **Type** | **Listening** | **Speaking** | **Reading** | **Writing** | **Oral** | **Literacy** | **Comp.** | **Overall Composite** |
|  | Choose an item. |  |  |  |  |  |  |  |  |
|  | Choose an item. |  |  |  |  |  |  |  |  |

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| **State Academic Assessments** |
| **Year** | **English Language Arts** | **Math** | **Science** |
|  |  |  |  |

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| **District Progress Monitoring Assessments** |
| **Year** | **English Language Arts** | **Math** | **Science** |
|  |  |  |  |

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| **Accommodations for Summative Assessments** |
|[ ]  Read aloud math, science, social studies items and choices\* |
|[ ]  Extended time |
|[ ]  State-approved bilingual word-to-word glossary/dictionary\* |
|[ ]  Rest breaks |
|[ ]  Unique accommodation request |
|[ ]  Small group setting |
|[ ]  Individual testing with teacher the student is familiar with |

*\*not allowed on WIDA ACCESS for ELLs/Alternate ACCESS*

# Section 3: English Language Development

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| **Academic Language Goals** **Based on WIDA English Language Development Standards** |
| Listening  |  |
| Speaking |  |
| Reading |  |
| Writing |  |

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| **Program of Services** |
| Parent/Guardian Refuses Services | No [ ]  Yes[ ]  Click or tap to enter a date. |
| Student has an IEP | No [ ]  Yes[ ]  |
| Student has a 504 Plan | No [ ]  Yes[ ]  |
| Related Services | [ ] Title I Support[ ] Tutorial/Vocational[ ] Intervention Program[ ] After-school Programming[ ] Gifted & Talented[ ] Other (specify):  |
| ESOL Program Type | [ ] Parents Refuse EL Services[ ] Transitional Bilingual Education or Early Exit [ ] Dual Language or Two-way Immersion[ ] English as Second Language (ESL) or English Language Development (ELD)[ ] Content Classes with Integrated ESL Support[ ] Newcomer Programs |
| Description of Services |  |
| Minutes/Hours of Services  |  |
| Frequency of Services |  |
| Service Provider(s) |  |

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| **Differentiation Strategies** |
|[ ]  Visuals (graphs, pictures, charts, etc.) |
|[ ]  Extended time |
|[ ]  Individualized/small-group instruction |
|[ ]  Bilingual dictionaries or access to computer translation programs |
|[ ]  Audio to accompany reading material |
|[ ]  Adapted assignments to match language proficiency level goals |
|[ ]  Give directions in incremental steps, with clarification of new vocabulary |
|[ ]  Allow student to do written class assignments or assessments orally |
|[ ]  Check often for understanding |
|[ ]  Slow down rate of speech, repeat, check in for understanding |
|[ ]  Print instead of using cursive |
|[ ]  Modify lesson delivery (scaffold) |
|[ ]  Seat student near the teacher or aide |
|[ ]  Modify linguistic complexity of assignments and formative assessments |
|[ ]  Provide word banks/sentence starters and sentence frames |
|[ ]  Administer testing in small-group setting |
|[ ]  Collaboration with mainstream teachers and ESOL teachers |
|[ ]  Provide teacher notes to students to aid assignment completion |
|[ ]  Limit answer choices on multiple choice activities/assessments |
|[ ]  Omit true/false questions from assignments and formative assessments |
|[ ]  Other (specify): |

# Section 4: Plan Development

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| **Comments** |
| **Quarter** | Teacher | Parent/Guardian |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

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| Language Acquisition Committee Meeting(s) | Click or tap to enter a date. |
| ILAP Completed | Click or tap to enter a date. |
| ILAP Revised | Click or tap to enter a date. |

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| **Language Acquisition Committee Members** |
| Role | Name | Signature |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |