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

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

|  |  |
| --- | --- |
| **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) |  |

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