

**Student Testing Number** 

**Current Student Grade:** 

(STN):

## Alternate ACCESS ELP Band Exit Recommendation Form

**District Name:** 

**Student Name:** 

The LEA must complete the following form for any 9<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade student scoring 3. 0 on the Alternate ACCESS, so the student can be considered for ELP Band Exit. Since there is no state assessment to qualify students for ELP Band Exit, this recommendation process is designed to ensure documentation and a standardized approach for considering students for ELP Band Exit.

If the LEA recommends the student for ELP Band Exit, they must upload this completed form and all supporting documentation into a Student Assessment ELP Band Exit Request DVR in Accountability Reporting on Single Sign On.

The following information must be provided by the submitting LEA.

**District and County Code:** 

**Student Birthdate:** 

District Contact Name:	District Contact Email Address:	District Contact Phone Number:			
This student is recommended for ELP Band Exit.				No	
Attach evidence regarding student's academic progress (e.g., grades, progress reporting, assessment data, Present Levels of Performance, teacher testimonial, student work samples, NRTs, etc.) to support the LEAs recommendation.					
Explain how the attached evidence supports the LEAs ELP Band Exit recommendation in the space below.					

LEA Physical or Validated Digital Staff Signatures (minimum of 3 required)				
English Language Arts Teacher				
English Language Development Teacher (if applicable)				
Special Education Representative				
Site Administrator				
Site Administrator				