

1. STUDENT INFORMATION

Student's name:					
State Student ID Number (SSID / STN):		District ID			
Native Language:					
District:					
School site:					
Grade level:					
Date identified as EL:					
Does the student have an IEP in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, has this ELAP been developed in cooperation with the IEP team?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3. CURRENT ELP PLACEMENT TEST SCORING INFORMATION

OKPKST	Date:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>			
K W-APT	Date:	Screener	Date:	MODEL	Date:
Listening:	Reading:	Listening:	Reading:	Listening:	Reading:
Speaking:	Writing:	Speaking:	Writing:	Speaking:	Writing:
Composite->		Composite->		Composite->	

5. STUDENT'S ENGLISH LANGUAGE DEVELOPMENT (ELD) GOALS

Using the student's current ACCESS test data or placement test information and the WIDA ELD standards, establish appropriate WIDA "Can Do"* targets in the chart below.

DOMAIN:	Key Use Area:	ELP Level:	Target:
Listening			
Speaking			

2. CURRENT OSTP / NRT TEST INFORMATION

Test:	Date:	Score:							
OSTP* (ELA)		BB		B		P		A	
NRT*	Date:	Name of test:					Score:		
NRT*	Date:	Name of test:					Score:		

*BB = Below Basic, B = Basic, P = Proficient, A = Advanced
 *NRT= State approved norm-referenced test taken within the current year or Spring of the previous year (scores at or below the 35th percentile, or equivalent)

4. CURRENT K-ACCESS / ACCESS for ELLs / ALTERNATE ACCESS SCORES

Tier:	Date:	Score:				
		Listening:	Speaking:	Reading:	Writing:	Composite:
ACCESS for ELLs minimum score to exit EL services – 4.8 Composite¹						
Current-year student growth target:		Estimated time to exit EL services:		_____ Year(s)		
Is the student on track to exit EL status?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the student on track to graduate on time? (If applicable)					YES <input type="checkbox"/>	NO <input type="checkbox"/>

1. Students in grades 3-12 may be eligible to exit EL status with a score below 4.8 Composite. Please refer to state EL FAQ document located on the SDE.ok.gov website for guidance.

Reading			
Writing			

**WIDA "Can Do" target descriptors are available for reference on the WIDA.us website*

6. LANGUAGE INSTRUCTION SERVICES

Indicate below the supplementary language instruction educational program being provided and describe how this choice best meets the educational needs of the student.

Service Description- Indicate to the left any that may apply:			
<input type="checkbox"/>	Student will receive sheltered English instruction taught by a certified teacher. (This is for Grades 9 through 12 only with a teacher certified in English. The student should receive appropriate credit.)	Semester class: YES <input type="checkbox"/> NO <input type="checkbox"/> Year-long class: YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
			A resource teacher (EL teacher, for example) will provide supplementary language instruction services within the regular classroom (also known as "push-in").
<input type="checkbox"/>	Student will be placed in self-contained special education classes.		<input type="checkbox"/>
			Student will receive mainstream placement and requires no direct EL services.
<input type="checkbox"/>	Student will receive pull-out EL services (this is more appropriate for students in the elementary grades).		<input type="checkbox"/>
			Other language instruction educational services (explain below).
<input type="checkbox"/>	Student will receive mainstream placement with accommodations.		<input type="checkbox"/>
			Parents have declined language instruction educational services (parents/guardians cannot decline state EL testing/WIDA).
Comments:			

7. PARTICIPATION IN THE STATE-REQUIRED ASSESSMENT AND ACCOUNTABILITY SYSTEM

Check the assessment(s) below in which the student will participate during the spring testing window (select one EL test and one OSTP).

Student will participate in:	
<input type="checkbox"/>	Annual English Language Proficiency Assessment (ELPA) (Kindergarten ACCESS or ACCESS for ELLs Assessment) without WIDA approved accommodations
<input type="checkbox"/>	Annual English Language Proficiency Assessment (ELPA) (Kindergarten ACCESS or ACCESS for ELLs Assessment) with WIDA approved accommodations
<input type="checkbox"/>	Annual English Language Proficiency Assessment (ELPA) (Alternate ACCESS Assessment)- <u>Please review the WIDA Accessibility and Accommodations Supplement</u>
<input type="checkbox"/>	Oklahoma School Testing Program (OSTP) assessments without EL accommodations
<input type="checkbox"/>	Oklahoma School Testing Program (OSTP) assessments with state approved EL accommodations
<input type="checkbox"/>	Oklahoma Alternative Assessment Program (OAAP)

8. ACCOMMODATIONS FOR THE OKLAHOMA SCHOOL TESTING PROGRAM (OSTP)

To meet the needs of this student the checked accommodations will be used prior to and during the OSTP process. These accommodations must be appropriate to the student's English language proficiency level and reflective of the student's individual needs.

Non-Linguistic- check all that apply to the left:		Linguistic- check all that apply to the left:	
<input type="checkbox"/>	S1. Individual testing	<input type="checkbox"/>	EL1. Provide the assistance of a qualified oral language translator to translate or clarify test instructions*
<input type="checkbox"/>	S2. Small group testing (8-10 maximum)	<input type="checkbox"/>	EL2. Provide the assistance of a qualified oral language translator* to translate test items and answer choices that do not assess reading competency*
<input type="checkbox"/>	S3. Preferential seating	<input type="checkbox"/>	EL3. Simplify, repeat, and clarify test instructions*
<input type="checkbox"/>	S4. Separate location	<input type="checkbox"/>	EL4. Text-to-Speech or Human Reader*
<input type="checkbox"/>	T1. Flexible schedule (same day)*	<input type="checkbox"/>	EL5. Student may read the test aloud to himself/herself
<input type="checkbox"/>	T2. Administer subject area test over several sessions or "chunking"*	<i>*NOTE- Certain accommodations have specific requirements and exclusions to maintain test validity and some accommodations, while allowable, may not necessarily be appropriate for ELs of specific proficiency levels. Please consult the "OSTP Accommodations for English Learners" manual located on the OSDE website, or contact the Office of Assessment at (405) 521-3341 directly for assistance.</i>	
<input type="checkbox"/>	T3. Allow frequent breaks during testing (maximum 10-15 minute duration)*		
<input type="checkbox"/>	EL6. Scribe for student's response*	<input type="checkbox"/>	EL7. Word-to-Word Dictionaries
<input type="checkbox"/>	EL8. Oral Language Translations in (Neutral Latin American) Spanish for test items and answers	<input type="checkbox"/>	EL9. Translated Test Instructions in (Neutral Latin American) Spanish
<input type="checkbox"/>	EL10. Oral Language Translations in (Neutral Latin American) Spanish for test instructions, items and answers	<input type="checkbox"/>	

9. INSTRUCTIONAL ACCOMMODATIONS IN THE REGULAR CLASSROOM

To meet the individual needs of this student the following indicated accommodations will be used in regular classroom instruction.

Check all that apply to the left:	
<input type="checkbox"/>	Reword, rephrase, or summarize test directions and/or test items in English.
<input type="checkbox"/>	Allow for written responses at the student's ELP level.
<input type="checkbox"/>	Provide interpretation/translation (oral/written assistance) by qualified staff.
<input type="checkbox"/>	Use technology (including on-line testing and instruction).
<input type="checkbox"/>	Provide extended time to complete tests and assignments.
<input type="checkbox"/>	Provide a resource lending library for students.
<input type="checkbox"/>	Allow for individual or small-group test administration.
<input type="checkbox"/>	Label items in the room and/or school.
<input type="checkbox"/>	Provide alternative homework assignments that meet that standard or objective.
<input type="checkbox"/>	Give both oral and written instructions.
<input type="checkbox"/>	Notify resource teacher (language specialist) when work is not being completed.
<input type="checkbox"/>	Provide assignments that emphasize both oral language and literacy development.
<input type="checkbox"/>	Break assignments into a series of smaller assignments.
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Provide student with take-home materials to practice concepts.
<input type="checkbox"/>	Use leveled readers.
<input type="checkbox"/>	Use the overhead or other type of projector, and provide students with copies of teacher transparencies/notes/lectures.
<input type="checkbox"/>	Make instruction visual to aid in understanding. Use graphic organizers, pictures, maps, and graphs.
<input type="checkbox"/>	Highlight/color code tasks, directions, or letters home.
<input type="checkbox"/>	Substitute project for test.
<input type="checkbox"/>	Reduce language complexity of test questions.
<input type="checkbox"/>	Student participates in group assignments.
<input type="checkbox"/>	Increase wait time, and ask questions at student's ELP level.
<input type="checkbox"/>	Allow student opportunities to read and speak aloud successfully.
<input type="checkbox"/>	Use manipulatives (both student and teacher).
<input type="checkbox"/>	Record material, including classroom instruction and notes, for student listening and review.
<input type="checkbox"/>	Use audiobooks or electronic readers.
<input type="checkbox"/>	Other:

NOTE- Not all accommodations are appropriate for ELs of all proficiency levels. Any instructional accommodations provided should be the result of a collaborative effort of a student's ELAP team.

10. SIGNATURES

The following must be completed by those individuals involved with the completion and the responsibility for implementation of this ELAP.

Printed name of staff completing this document:		Position / Title:	
Signature:		Date:	

Printed name of staff responsible for ELAP implementation and compliance:		Position / Title:	
Signature:		Date:	

Printed name of supervising site administrator:		Position / Title:	
Signature:		Date:	

PARENTAL OPT-OUT

The following section shall be completed only if the parent or guardian chooses to waive supplemental EL services.

<i>I understand that while my child has been identified as eligible for supplemental EL services and accommodations, I choose to decline these services and accommodations at this time. I understand that declining supplemental EL services does not affect the EL status of my student and my student will still be tested annually with the state EL assessment (Kindergarten ACCESS / WIDA ACCESS for ELL 2.0 / Alternate ACCESS) until proficient in English.</i>			
Printed Name:		Relationship:	
Signature:		Date:	