**2. CURRENT OSTP / NRT TEST INFORMATION**

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

**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**[ ]  | **NO**[ ]  | **If yes, has this ELAP been developed in cooperation with the IEP team?** | **YES**[ ]  | **NO**[ ]  |

**3. CURRENT ELP PLACEMENT TEST SCORING INFORMATION**

|  |  |  |
| --- | --- | --- |
| **OKPKST** | **Date:**  |  **1**[ ]  **2**[ ]  **3**[ ]  **4**[ ]  **5**[ ]  **6**[ ]  **7**[ ]  **8**[ ]  **9**[ ]  **10**[ ]  |
| **K W-APT** | **Date:** | **Screener** | **Date:** | **MODEL** | **Date:** |
| **Listening:** | **Reading:** | **Listening:** | **Reading:** | **Listening:** | **Reading:** |
|  |  |  |  |  |  |
| **Speaking:** | **Writing:** | **Speaking:** | **Writing:** | **Speaking:** | **Writing:** |
|  |  |  |  |  |  |
| **Composite->** |  | **Composite->** |  | **Composite->** |  |

**4. CURRENT K-ACCESS / ACCESS for ELLs 2.0 / ALTERNATE ACCESS SCORES**

|  |  |  |
| --- | --- | --- |
| **Tier:** | **Date:** | **Score:** |
|  |  | **Listening:** | **Speaking:** | **Reading:** | **Writing:** | **Composite:** |
|  |  |  |  |  |
| **ACCESS for ELLs 2.0 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?** | **YES**[ ]  | **NO**[ ]  |
| **Is the student on track to graduate on time? (If applicable)** | **YES**[ ]  | **NO**[ ]  |
| ***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.***  |

**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** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |
|[ ]  **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**[ ]  **NO**[ ]  |[ ]  **A resource teacher (EL teacher, for example) will provide supplementary language instruction services within the regular classroom (also known as “push-in”).** |
|  |  | **Year-long class: YES**[ ]  **NO**[ ]  |  |  |
|[ ]  **Student will be placed in self-contained special education classes.** | [ ]  | **Student will receive mainstream placement and requires no direct EL services.** |
|[ ]  **Student will receive pull-out EL services (this is more appropriate for students in the elementary grades).** |[ ]  **Other language instruction educational services (explain below).** |
|[ ]  **Student will receive mainstream placement with accommodations.** |[ ]  **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:** |
|[ ]  **Annual English Language Proficiency Assessment (ELPA) (Kindergarten ACCESS or ACCESS for ELLs 2.0® Assessment) without WIDA approved accommodations** |
|[ ]  **Annual English Language Proficiency Assessment (ELPA) (Kindergarten ACCESS or ACCESS for ELLs 2.0® Assessment) with WIDA approved accommodations**  |
|[ ]  **Annual English Language Proficiency Assessment (ELPA) (Alternate ACCESS Assessment)- Please review the WIDA Accessibility and Accommodations Supplement** |
|[ ]  **Oklahoma School Testing Program (OSTP) assessments without EL accommodations**  |
|[ ]  **Oklahoma School Testing Program (OSTP) assessments with state approved EL accommodations** |
|[ ]  **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:** |
|[ ]  **S1. Individual testing** |[ ]  **EL1. Provide the assistance of a qualified oral language translator to translate or clarify test instructions\*** |[ ]  **EL6. Scribe for student’s response\*** |
|[ ]  **S2. Small group testing (8-10 maximum)** |[ ]  **EL2. Provide the assistance of a qualified oral language translator\* to translate test items and answer choices that do not assess reading competency\*** |[ ]  **EL7. Word-to-Word Dictionaries** |
|[ ]  **S3. Preferential seating** |[ ]  **EL3. Simplify, repeat, and clarify test instructions\*** |[ ]  **EL8. Oral Language Translations in (Neutral Latin American) Spanish for test items and answers** |
|[ ]  **S4. Separate location** |[ ]  **EL4. Text-to-Speech or Human Reader\*** |[ ]  **EL9. Translated Test Instructions in (Neutral Latin American) Spanish** |
|[ ]  **T1. Flexible schedule (same day)\*** |[ ]  **EL5. Student may read the test aloud to himself/herself** |[ ]  **EL10. Oral Language Translations in (Neutral Latin American) Spanish for test instructions, items and answers** |
|[ ]  **T2. Administer subject area test over several sessions or “chunking”\*** | ***\*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.*** |
|[ ]  **T3. Allow frequent breaks during testing (maximum 10-15 minute duration)\*** |  |

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