

1. STUDENT INFORMATION

| | | | | | |
|---|-----|--------------|---|-----|----|
| Student Name: | | | | | |
| State Testing Number (STN): | | District ID: | | | |
| Native Language: | | | | | |
| District: | | | | | |
| School Site: | | | | | |
| Grade Level: | | | Date Identified as EL: | | |
| Does the student have an IEP or 504 in place? | YES | NO | If yes, has this ELAP been developed in collaboration with the student's IEP or 504 team? | YES | NO |

2. CURRENT OSTP / NRT ASSESSMENT INFORMATION

| | | | |
|---------------------|-------|--------------------|----------|
| Assessment: | Date: | Performance Level: | |
| OSTP ELA | | Below Basic | Basic |
| | | Proficient | Advanced |
| Name of Assessment: | | | Score: |
| NRT* | | | |
| NRT* | | | |

**NRT= Locally-administered norm-referenced test, ideally completed in the current school year or in spring semester of the previous school year.*

3. INITIAL IDENTIFICATION ELP ASSESSMENT SCORE

| | | | | |
|--|------|-------------|----------------------|------------|
| Assessment: | PKST | K Screener* | Screener | MODEL |
| Date: | | PKST Score: | 1 2 3 4 5 6 7 8 9 10 | |
| K Screener*, Screener, or MODEL Score: | | | | |
| Reading: | | Speaking: | | Composite: |
| Listening: | | Writing: | | |

*Note that students in the first semester of kindergarten are to be administered the Reading and Listening portions only of the K Screener

5. 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 table below.

| Domain: | Key Use Area: | ELP Level: | Can Do Target: |
|------------|---------------|------------|----------------|
| Listening: | | | |
| Speaking: | | | |

4. CURRENT ANNUAL ELP ASSESSMENT SCORES

| | | | |
|--|----------|------------------------------------|------------------|
| Assessment: | K ACCESS | ACCESS | Alternate ACCESS |
| Date: | | Tier: | |
| K ACCESS, ACCESS, or Alternate ACCESS Score: | | | |
| Reading: | | Speaking: | Composite: |
| Listening: | | Writing: | |
| Current-year scale score target: | | Year expected to exit EL services: | |
| Is the student on track to exit EL status? | | | YES NO |
| Is the student on track to graduate on time? (If applicable) | | | YES NO |

| | | | |
|----------|--|--|--|
| Reading: | | | |
| Writing: | | | |

*WIDA Can Do descriptors are available for reference on the wida.wisc.edu website.

6. LANGUAGE INSTRUCTION STRATEGIES

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

Indicate all applicable descriptions of services:

| | | | |
|--|--------------------------------------|---|--------------------------------------|
| Transitional Bilingual Program: core content taught in student's native language with periods focused on English language acquisition | Semester class: YES NO | Content Classes with Integrated ESL Support: core content utilizing ESL Strategies | Semester class: YES NO |
| | Year-long class: YES NO | | Year-long class: YES NO |
| Dual Language or Two-way Immersion: students are taught both content and language in two languages | | Newcomer Program: classes primarily emphasizing English language acquisition | Semester class: YES NO |
| ESL/ELD: students are provided instruction outside the core content classroom ("pull-out" or ESL Classes) | | | Year-long class: YES NO |
| Other language instruction educational service (explain below) | | | |

Comments:

7. PARTICIPATION IN STATE ASSESSMENTS

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

The student will participate in:

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|---|
| Kindergarten ACCESS or ACCESS for ELLs assessment without WIDA-approved accommodations |
| Kindergarten ACCESS or ACCESS for ELLs assessment with WIDA-approved accommodations |
| Alternate ACCESS for ELLs Assessment (Please review the WIDA Accessibility and Accommodations Supplement and verify participation criteria) |
| Oklahoma School Testing Program (OSTP) assessments or CCRA assessment without EL accommodations |
| Oklahoma School Testing Program (OSTP) assessments or CCRA assessment with state approved EL accommodations |
| Oklahoma Alternative Assessment Program (OAAP) assessment |

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

To meet the needs of this student the indicated 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* | EL2. Provide the assistance of a qualified oral language translator* to translate test items and answer choices that do not assess reading competency* |
| S2. Small group testing (8-10 maximum) | | | |
| S3. Preferential seating | | EL3. Simplify, repeat, and clarify test instructions* | EL4. Text-to-Speech or Human Reader* |
| S4. Separate location | | EL5. Student may read the test aloud to themselves | EL6. Scribe for student's response* |
| T1. Flexible schedule (same day)* | | EL7. Word-to-Word Dictionaries | EL8. Oral Language Translations in (Neutral Latin American) Spanish for test items and answers |
| T2. Administer subject area test over several sessions or "chunking"* | | EL9. Translated Test Instructions in (Neutral Latin American) Spanish | |
| T3. Allow frequent breaks during testing (maximum 10-15 minute duration)* | | | |

**NOTE- Certain accommodations carry specific requirements necessary to maintain assessment validity. Additionally, some accommodations may not be allowable for ELs at higher levels of English language proficiency. Please consult the OSTP Accommodations for English Learners manual located on the OSDE website for additional assistance.*

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:

| | |
|--|---|
| Substitute project for test. | Provide student with take-home materials to practice concepts. |
| Allow for written responses at the student's ELP level. | Provide alternative homework assignments that meet that standard or objective. |
| Make instruction visual to aid in understanding. Use graphic organizers, pictures, maps, and graphs. | 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). | Provide interpretation/translation (oral/written assistance) by qualified staff. |
| Provide extended time to complete tests and assignments. | Highlight/color code tasks, directions, or letters home. |
| Provide a resource lending library for students. | Reword, rephrase, or summarize test directions and/or test items in English. |
| Allow for individual or small-group test administration. | Reduce language complexity of test questions. |
| Label items in the room and/or school. | Provide assignments that emphasize both oral language and literacy development. |
| Use leveled readers. | 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. |
| Use audiobooks or electronic readers. | Use manipulatives (both student and teacher). |
| Student participates in group assignments. | Record material, including classroom instruction and notes, for student listening and review. |
| Break assignments into a series of smaller assignments. | Notify resource teacher (language specialist) when work is not being completed |
| Other: | Other: |

NOTE- Not all accommodations are appropriate for ELs of all proficiency levels. Any instructional accommodation(s) provided should be determined through collaboration within the student's instructional team.

10. SIGNATURES

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

| | | | |
|---|--|-------------------|-------|
| Name of staff completing this document: | | Position / Title: | |
| Signature: | | | Date: |
| Name of staff responsible for ELAP implementation and compliance: | | Position / Title: | |
| Signature: | | | Date: |
| Name of supervising site administrator: | | Position / Title: | |
| Signature: | | | Date: |

11. PARENTAL OPT-OUT

The following section must be completed only if a parent or guardian chooses to waive supplemental EL services and supports.

I understand that my student has been identified as an English Learner and I choose to decline any related supplemental services and supports for the current school year. I understand that declining these supplemental EL services does not affect my student's EL status of and that my student will participate in the state English language proficiency assessment (e.g., Kindergarten ACCESS, WIDA ACCESS for ELLs, or Alternate ACCESS for ELLs) until proficient in English.

| | | | |
|------------|--|---------------|-------|
| Name: | | Relationship: | |
| Signature: | | | Date: |