

Individual English Learner Plan

Section 1: Student and School Information			
Student Name	Wiser ID	Grade	Age
District Name	School Name	Date of Meeting	

Section 2: Signatures		
Printed Name	Title	Signature
Teacher:		
Teacher:		
Teacher:		
School Counselor:		
Parent/Guardian:		
Parent/Guardian:		
Other attendee(s):		

Amendments/Updates	
Date Month/Year	Team Member Initials

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Section 3: Assessment Information									
WIDA Screener and ACES 2.0 for ELs Test Results									
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Date Mo/Yr									
Reading									
Writing									
Speaking									
Listening									
Composite									

WY-TOPP Test Results									
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Date Mo/Yr									
ELA/ Writing									
Math									
Science									

ACT Test Results		
	Year 1	Year 2
Date (Month/Year)		
English		
Reading		
Writing		
Math		
Science		
Composite		

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Other Test Results									
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
Date Mo/Yr									

Section 4: Instructional Program	
Name of Program	Other information regarding services provided to students.
<input type="checkbox"/> Push In <input type="checkbox"/> Sheltered Instruction <input type="checkbox"/> EL Class <input type="checkbox"/> Transitional Bilingual Program <input type="checkbox"/> Content Based ESL <input type="checkbox"/> Structured English Immersion <input type="checkbox"/> Specially Designed Academic Instruction <input type="checkbox"/> Native American Literacy <input type="checkbox"/> Co-teaching <input type="checkbox"/> Other	
Related Services	
<input type="checkbox"/> Title I Support (Reading or Math) <input type="checkbox"/> Tutorial Resource <input type="checkbox"/> Special Education Program <input type="checkbox"/> Other (specify)	Other information regarding services provided to students.

Appropriate Instructional Strategies (check all that apply)	
<input type="checkbox"/> Slow down, repeat, paraphrase instruction	<input type="checkbox"/> Limit/simplify/pre-teach/highlight vocabulary
<input type="checkbox"/> Simplify vocabulary and sentences	<input type="checkbox"/> Add visual support to lessons/tests
<input type="checkbox"/> Utilize small group instruction when possible	<input type="checkbox"/> Print instead of write in cursive
<input type="checkbox"/> Modify lesson delivery (scaffold)	<input type="checkbox"/> Provide primary language support, if possible
<input type="checkbox"/> Teacher models/class together/independent	<input type="checkbox"/> Seating (near teacher)
<input type="checkbox"/> Other (specify)	

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Appropriate Assignment Supports	Appropriate Assessment Supports
<input type="checkbox"/> Provide teacher notes to help completion	<input type="checkbox"/> Administer test in small group when possible
<input type="checkbox"/> Modify linguistic complexity of assignment	<input type="checkbox"/> Modify linguistic complexity of test
<input type="checkbox"/> Allow additional time for completion	<input type="checkbox"/> Allow additional time to complete test
<input type="checkbox"/> Provide word banks/chunking	<input type="checkbox"/> Provide word banks/chunking on tests
<input type="checkbox"/> Modify/shorten/omit sections of assignment	<input type="checkbox"/> Modify/shorten/omit sections of test
<input type="checkbox"/> Limit answer choices on multiple choice	<input type="checkbox"/> Limit answer choices on multiple choice tests
<input type="checkbox"/> Eliminate True/False assignment questions	<input type="checkbox"/> Eliminate True/False test questions
<input type="checkbox"/> Provide both oral and written directions	<input type="checkbox"/> Read aloud test directions, questions, choices
<input type="checkbox"/> Provide primary language support	<input type="checkbox"/> Provide primary language support on tests
<input type="checkbox"/> Accept printing instead of cursive writing	<input type="checkbox"/> Offer alternative forms of assessments
<input type="checkbox"/> Other	<input type="checkbox"/> Simplify directions <input type="checkbox"/> Read aloud test items, answer choices <input type="checkbox"/> Commercial word-to-word dual language dictionary

Assessment Modifications	ACCESS 2.0 Assessment Accommodations
<input type="checkbox"/> Color Contrast	<input type="checkbox"/> Manual control of item audio
<input type="checkbox"/> Masking	<input type="checkbox"/> Repeat item audio
<input type="checkbox"/> Text-to-Speech	<input type="checkbox"/> Human reads aloud response options
<input type="checkbox"/> Translations	<input type="checkbox"/> Human repeats response options
<input type="checkbox"/> Audio glossary (math only) Need headphones	<input type="checkbox"/> Human reads aloud test items
<input type="checkbox"/> Translations of items and test directions (math only) in Spanish	<input type="checkbox"/> Human repeats test items
<input type="checkbox"/> Turn off Universal tools	<input type="checkbox"/> Large print version of test
<input type="checkbox"/> No embedded supports needed	<input type="checkbox"/> Scribed response
<input type="checkbox"/> Bilingual dictionary	<input type="checkbox"/> External keyboarding device
<input type="checkbox"/> Color Overlay	<input type="checkbox"/> External AAC device
<input type="checkbox"/> Magnification	<input type="checkbox"/> Record responses; student transcribes

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<input type="checkbox"/> Read-aloud	<input type="checkbox"/> Respond to test items with AT
<input type="checkbox"/> Scribe	<input type="checkbox"/> Administer in non-school setting
<input type="checkbox"/> Separate setting	<input type="checkbox"/> Extended speaking test response time
<input type="checkbox"/> Translation (glossary-math)	<input type="checkbox"/> Extended testing time within school day
<input type="checkbox"/> PDF of translated test directions (math)	<input type="checkbox"/> Extending test domain over multiple days
<input type="checkbox"/> Other	<input type="checkbox"/> Other
Modifications for Instruction (grade must be marked with *)	
<input type="checkbox"/> Out of grade level assessments	<input type="checkbox"/> Alternate curriculum/text/materials
<input type="checkbox"/> Alternate forms of assessment	<input type="checkbox"/> Other (specify)

Section 5: Accommodations/Designated Supports for Assessments				
Accommodations/Designated Support	ACCESS 2.0	WY-TOPP	ACT	Other: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Student Learning and Social Goals

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Section 7: Parental Notifications

Have parents been informed or involved?

- Yes
- No

Are there specific strategies shared with parents to reinforce at home?

- Yes
- No

Adopted: 7/21/10

Revised: 4/9/19