**FIRST YEAR MONITORING FORM**
for former English Learner students

**This student has reached a level of English proficiency that indicates he/she may no longer need *ESOL* services. The student will be monitored for two years.**

**Student Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Date:** **\_\_\_\_\_   School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade:\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Staff concerns:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Documentation | Reading | Language Arts | Math | Other (Specify) | Date |
| Classroom Grades |       |       |       |       |       |
| State Assessment Scores |       |       |       |       |       |
| Formative Assessments (*i.e. DIBELS, AIMSweb*) |       |       |       |       |       |
| Attendance & Behavior Data |       |       |       |       |       |
|       |       |       |       |       |       |

[ ]  After year 1 of monitoring, the student is performing successfully in the general education classroom(s).

[ ]  After year 1 of monitoring, the student is having difficulties in one or more general education classroom(s).

**After year 1 of monitoring**

It is recommended that (check one): [ ]  Continue monitoring

[ ]  Content teacher observation/ EL staff observation (use separate page)

[ ]  Academic Intervention (provide start date and description)

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[ ]  Test with state approved screener to determine possible re-entry into ESOL services \_\_\_\_\_\_\_\_\_\_\_\_

Signature of General Education teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of ELteacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Building Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Considerations: Does the student need assistance due to academic language needs or could the student benefit from core instruction intervention prior to re-entry to ESOL program*

**SECOND YEAR MONITORING FORM**
for former English Learner students

**This student has reached a level of English proficiency that indicates he/she may no longer need *ESOL* services. This is the student’s last year of being monitored.**

**Student Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Date:  \_\_\_\_\_   School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade:\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Staff concerns:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Documentation | Reading | Language Arts | Math | Other (Specify) | Date |
| Classroom Grades |       |       |       |       |       |
| State Assessment Scores |       |       |       |       |       |
| Formative Assessments (*i.e. DIBELS, AIMSweb*) |       |       |       |       |       |
| Attendance & Behavior Data |       |       |       |       |       |
|       |       |       |       |       |       |

[ ]  After year 2 of monitoring, the student is performing successfully in the general education classroom(s).

[ ]  After year 2 of monitoring, the student is having difficulties in one or more general education classroom(s).

**After year 2 of monitoring**

It is recommended that (check one): [ ]  Year 2 of monitoring complete. Student taken off monitoring \_\_\_\_\_\_

[ ]  Content teacher observation/ EL staff observation (use separate page)

 [ ]  Academic Intervention (provide start date and description)

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[ ]  Test with state approved screener to determine possible re-entry into ESOL services \_\_\_\_\_\_\_\_\_\_\_

Signature of General Education teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of ELteacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Building Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Considerations: Does the student need assistance due to academic language needs or could the student benefit from core instruction intervention prior to re-entry to ESOL program*