

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

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

**5. ENGLISH LANGUAGE DEVELOPMENT (ELD) GOALS**  
 Using the student's current Screener or ACCESS test data information, establish appropriate WIDA Can Do targets that advance student to the next proficiency level for each domain.

Domain:	Key Lang. Use:	ELP Level:	Can Do Targets:
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 Dos are available for reference on the [wida.wisc.edu](http://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:

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

Kindergarten ACCESS or ACCESS assessment without WIDA-approved accommodations
Kindergarten ACCESS or ACCESS assessment with WIDA-approved accommodations
Alternate ACCESS 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 level of English language proficiency. Please consult the OSTP Accommodations for English Learners Manual located on the OSDE website for additional assistance.*

**9. INSTRUCTIONAL SUPPORTS IN THE REGULAR CLASSROOM**

To meet the individual needs of this student the following indicated supports 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 online 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 supports are appropriate for ELs of all proficiency levels. Any instructional support(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, and my student will participate in the state English language proficiency assessment (e.g., Kindergarten ACCESS, WIDA ACCESS, or Alternate ACCESS) until proficient in English.*

Name:		Relationship:	
Signature:		Date:	