



**Arkansas Department of Education (ADE)
Language Minority Student Exit/Monitoring Form**

The Language Minority Student (LMS) Exit Form is completed when determining whether a student is a Former English Learner or not. Please check the reason for using this form:

- 1) Initiating placement as a Former English Learner
- 2) Documenting a prior exit that was not documented
- 3) Monitoring a Former English Learner (ELL Exit Date: _____)

Student Name:	Grade:	Date:
School:	Student State ID #:	ELL Entry Date:
Date of Birth:		
<p>English Language Proficiency Assessment Data When initiating placement as a Former English Learner or documenting a prior exit, evidence must be provided to demonstrate proficiency in English aligned with the Arkansas English Language Proficiency Standards. (Not available or required for Monitoring a Former English Learner.)</p>	<input type="checkbox"/> ELPA21 Screener Proficiency Profile: _____, Date: _____ OR <input type="checkbox"/> ELPA21 Summative Proficiency Profile: _____, Date: _____ OR <input type="checkbox"/> Prior state approved ELP assessment scores/dates:	
<p>Supporting Evidence/Professional Judgment At least two pieces of evidence providing confirmation of a student's ability to meet grade-level performance expectations in literacy in ELA/Science/Social Studies and/or Math.</p>	Measure: _____ Result: _____ Date: _____ Measure: _____ Result: _____ Date: _____ <input type="checkbox"/> No evidence exists to confirm the student's academic literacy is at a level comparable to never-EL peers.	
<p>Recommended Status Choose whether the student is recommended for English Learner or Former English Learner status. If choosing Former English Learner status, indicate which year of monitoring the student is beginning or if monitoring is completed.</p>	<input type="checkbox"/> English Learner (eSchool "Value Box" Checked) OR <input type="checkbox"/> Former English Learner (ELL Exit Date: _____) <input type="checkbox"/> Monitored Year 1 (M1) <input type="checkbox"/> Monitored Year 2 (M2) <input type="checkbox"/> Monitored Year 3 (M3) <input type="checkbox"/> Monitored Year 4 (M4) <input type="checkbox"/> Monitoring Completed	

LPAC MEMBERS' SIGNATURES (All required)	POSITION
1.	Administrator
2.	ESOL Designee
3.	Mainstream Teacher/Counselor

_____ Parent notification of Determination Date: _____