

LPAC Recommendations



Student's Name: _____ Gender: M F

Screening Tool: _____ Grade Level Administered: _____ Date: _____

___ Reading ___ Writing ___ Speaking ___ Listening ___ Comprehension ___ Composite

English Language Assistance

DIRECT SERVICES: ESL Instruction for _____ minutes _____ times per week.

INDIRECT SERVICES: Student will be monitored by _____ .

NO SERVICES (check one):

- Student is English Language Proficient.
- Parents have waived services (form is on file).

Classroom Accommodations (check all that apply)

teacher signature / date

- ___ peer buddy (support, not running translation) _____
- ___ word-to-word translation (dictionary or apps) _____
- ___ alternate reading assignments (shorter passages) _____
- ___ modified writing assignments (aligned to ELP standards) _____
- ___ shorter spelling lists (fewer words) _____
- ___ word banks for all relevant assignments _____
- ___ visuals and demonstrations _____
- ___ cooperative group structures (think/pair/share etc.) _____
- ___ written copy of class notes with visuals/headers _____

LPAC Chair: _____
printed name *signature* *date*

ESL Teacher: _____
printed name *signature* *date*

ESOL Coordinator: _____
printed name *signature* *date*