Wakulla County School District
English for Speakers of Other Languages (ESOL)
English Language Learner (ELL) Student Plan

Student Name   Grade _____
Student ID _____   Primary Language _____
Current Date
ESOL Entry Date
Re-Evaluation Date(s)
ELL Exit Date
Exit Criteria Met: Access for ELLs ☐   FSA ☐   ELL Committee☐ (Attach conference notes)

Instructional Schedule-First Semester Assigned ELL Courses	Teacher	Minutes Per Week

Instructional Schedule-Second Semester Assigned ELL Courses	Teacher	Minutes Per Week

This ELL student is also eligible for and is receiving services from the following programs:
☐Remedial Reading Date:
☐Remedial Math Date:
☐ESE Date
☐Assessment Accommodations (FSA/EOC) Date:
Specify:_____
_____
☐GED Date:
☐Other
☐Student Services:
☐Health Screening/Referral
☐School Psychologist
☐Guidance Counselor
☐Free Reduced School Meals
☐MTSS Tier: _____Date:
☐Transportation- Bus #_____