



# Post Falls School District #273

206 W. Mullan Avenue, Post Falls, ID 83854

## Language Instruction Education Program (LIEP) and Assessment Accommodations For English Learner (EL) Students

Idaho Law: IDAPA 08.02.03 - 111.04

### Student information

Student Name		Gender	
District ID number		Country of Origin	
Grade		Native language	
State ID number		Date of Birth	

### LEP Qualifier (Check all that apply)

<input type="checkbox"/> Home language other than English (HLS on file) YES ___ * NO ___  <input type="checkbox"/> W-APT Language Assessment* Score _____	<b>Statewide Assessments - Proficiency</b> <input type="checkbox"/> IRI – Score _____  <input type="checkbox"/> ISAT-2.0/ELA _____ <input type="checkbox"/> ISAT-2.0Math _____ <input type="checkbox"/> Other _____	<b>Teacher Observation - Classroom Grades</b> <input type="checkbox"/> Language Arts/Reading _____ <input type="checkbox"/> Math _____ <input type="checkbox"/> Science _____ <input type="checkbox"/> Social Studies _____ <input type="checkbox"/> Other _____
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### Participation in Assessments

Please list any testing accommodations (if any):          	<b>EL Status</b> <input type="checkbox"/> EL <input type="checkbox"/> EL 2 <sup>nd</sup> year <input type="checkbox"/> EL 3 <sup>rd</sup> year + <input type="checkbox"/> EL X1 <input type="checkbox"/> ELL-W (Waived services must still be served and tested)  <b>Date of Entry into LEP Program</b> _____ / _____ / _____  <b>Exemption Category</b> <input type="checkbox"/> LEP - Year 1-2 Other _____
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### Language Goals and Benchmarks

Date Tested	Statewide Assessment	Language Domain	PROFICIENCY LEVEL	PROFICIENCY GOAL
			Level (1 – 5)	Level (1 – 5)
	<input type="checkbox"/> W-APT Placement <input type="checkbox"/> ACCESS 2.0 <input type="checkbox"/> Other	Listening		
		Speaking		
		Reading		
		Writing		

Instructional program

Program Model  Frequency of Instruction: ____ days / week  ____ hours / day	<input type="checkbox"/> <b>Specific English language classes (pull- out ESL, etc)</b> <i>(Accommodations in the classroom <u>and</u> tutoring <u>and/or</u> ESL)</i>  <input type="checkbox"/> <b>Classroom Accommodations and/or Modifications Only</b> <i>(Accommodations by the classroom teacher only)</i>  <input type="checkbox"/> <b>Other</b> _____ <i>(Please indicate what program of service the school is providing for the student)</i>
Classroom Strategies and/or Accommodations	<input type="checkbox"/> Use Sensory Supports: Realia, Manipulatives, Illustrations, Videos, Models & Figures <input type="checkbox"/> Use Graphic Supports: Charts, Tables, Timelines, Number lines <input type="checkbox"/> Use Interactive Supports: Cooperative Groups, Internet/Software, Native Language (L1) <input type="checkbox"/> Other

Criteria for Exiting the LEP program –

<p style="text-align: center;"><b><u>Idaho's Exit Requirements</u></b></p> <p>Score at or above on ACCESS for ELLs 2.0 Level 5 (Bridging) on the overall Grade Adjusted Composite Proficiency AND Level 4 (Expanding) on each domain (Listening, Speaking, Reading, Writing)</p>
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Other Considerations

<p>Please include any other considerations or determinations necessary for the LEP student's success.</p> <hr style="border-top: 1px dashed black;"/>
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