

Name: _____

ELL INSTRUCTIONAL ACCOMMODATIONS

Beginning of Year (BOY)

Date: ____/____/____

Middle of Year (MOY)

Date: ____/____/____

End of Year (EOY)

Date: ____/____/____

Campus: _____

Grade: _____

Academic Year: _____

- peer and native language support
- gestures for added emphasis
- simple conversations (words/phrases)
- visuals and/or verbal cues to reinforce spoken or written words
- pre-teach vocabulary
- short sentences and single words
- provide phrases or simple sentence frames
- rephrase, repeat, or slow down
- wait time
- extra time for complex material and/or assignments
- non-participation in simple conversations
- word bank of key vocabulary
- model pronunciation
- tiered sentence stems
- organize reading in chunks
- adapted text(s)
- clarification of word(s) or phrase(s)
- oral translation
- bilingual dictionary or glossary
- clarify directions
- translate word(s), phrase(s), or sentence(s)
- read and model think aloud
- drawing or pictorial representation
- writing on familiar, concrete topics
- scaffold writing assignments

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Prior Year TELPAS:

L	<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> AH
S	<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> AH
R	<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> AH
W	<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> AH

Name: _____

ELL INSTRUCTIONAL ACCOMMODATIONS

Teacher

LPAC Committee

BOY

Subjective Teacher Evaluation:

Comments/Recommendations:

MOY

Subjective Teacher Evaluation:

Comments/Recommendations:

EOY

Subjective Teacher Evaluation:

Comments/Recommendations:

EOY Review:

- TELPAS
- State Assessment Results
- Oral Language Proficiency Test (OLPT)
- Linguistic Accommodations
- Academic Progress

Completed by: _____

Signature: _____ Date: _____

Signatures: _____

_____ Date: _____