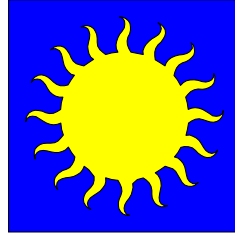
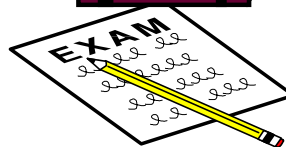
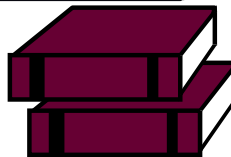
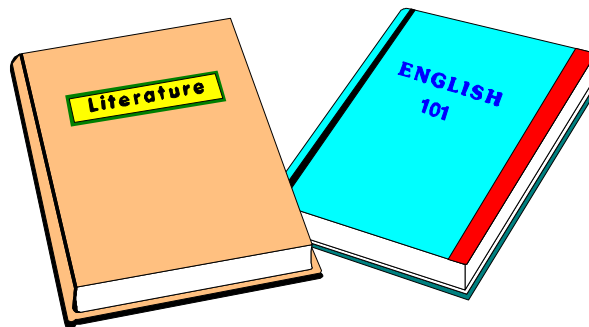


**TIDEHAVEN INDEPENDENT  
SCHOOL DISTRICT**

**ENGLISH AS A SECOND LANGUAGE PROGRAM**



**LARGO VIVE ESPAÑOL  
CONVERSACION mucho**



**Updated 11/99**

TIDEHAVEN INDEPENDENT SCHOOL DISTRICT  
ENGLISH as a SECOND LANGUAGE CAMPUS PRINCIPAL'S LIST

- AUGUST
- \* ASSIST in REVISING DISTRICT GUIDELINES, IF NEEDED
  - \* IF NEEDED, ORDER ENGLISH ORAL LANGUAGE PROFICIENCY TESTS.
  - \* CONDUCT ORIENTATION FOR ALL ESL STAFF.  
REQUIRED TOPICS:
    - STATE REGULATIONS
    - DISTRICT GUIDELINES
    - ORAL LANGUAGE PROFICIENCY TEST TRAINING
  - \* ESTABLISH LANGUAGE PROFICIENCY ASSESSMENT COMMITTEES (LPAC)
    - 1. ESL TEACHER
    - 2. REGULAR TEACHER
    - 3. CAMPUS ADMINISTRATOR
    - 4. PARENT OF LIMITED ENGLISH PROFICIENT STUDENT
    - 5. OTHER MEMBERS AS NEEDED
  - \* CONDUCT TRAINING FOR THE LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE MEMBERS
- SEPTEMBER
- \* ALL NEW LIMITED ENGLISH PROFICIENT STUDENTS MUST BE TESTED AND THE LPAC MUST MEET WITHIN FOUR WEEKS OF ENROLLMENT.
  - \* AT SEPTEMBER SCHOOL BOARD MEETING, REPORT THE NUMBER OF LEP STUDENTS ON EACH CAMPUS AND THE LANGUAGES IN WHICH THEY POSSESS PRIMARY PROFICIENCY.
  - \* REQUEST UPDATED ROSTERS FROM ALL CAMPUSES.
  - \* SCHEDULE COORDINATION TIME BETWEEN ESL TEACHERS
- OCTOBER
- \* MONITOR PROGRAMS
- JANUARY
- \* SEND COPIES OF ARTICLES AND CURRENT RESEARCH TO THE ESL STAFF.
  - \* HOLD LPAC MEETINGS FOR NEW STUDENTS.
- FEBRUARY
- \* HOLD LPAC MEETING TO EXEMPT STUDENTS FROM TAAS IF NECESSARY.
- MAY
- \* CONDUCT ANNUAL LPAC MEETINGS ON ALL STUDENTS IN THE PROGRAM.
    - 1. STUDENTS IN ESL
    - 2. STUDENTS ON WAIVER
    - 3. STUDENTS ON 2-YEAR MONITOR STATUS
  - \* RECOMMEND PLACEMENTS FOR THE NEXT SCHOOL YEAR.
  - \* ANY CHANGE OF PLACEMENT ON EXIT REQUIRES WRITTEN PERMISSION FROM THE PARENTS.
  - \* COLLECT ALL TESTING AND RESOURCE MATERIALS FROM TEACHERS.
  - \* HAVE EACH TEACHER SUBMIT A WRITTEN ANNUAL REPORT ON THEIR PROGRAM AND STUDENTS THE ACADEMIC PROGRESS IN ENGLISH OR IN BOTH LANGUAGES, IF APPLICABLE.
  - \* EACH TEACHER IS TO SEND A REPORT TO PARENTS BY JUNE 1 WHICH REFLECTS THEIR CHILD'S PROGRESS AS A RESULT OF PARTICIPATION IN THE PROGRAM.
  - \* TEACHERS ARE TO COMPLETE A TENTATIVE ROSTER FOR THE NEXT SCHOOL YEAR AND WRITE MINUTES REFLECTING THE DECISIONS OF THE LPAC COMMITTEES. TO BE FILED WITH PRINCIPAL.

Tidehaven I. S. D.  
District Name

TEXAS EDUCATION AGENCY  
DIVISION OF BILINGUAL EDUCATION

Home Language Survey  
Grades K-8

Name of Child \_\_\_\_\_

Campus \_\_\_\_\_ Grade \_\_\_\_\_

TO BE FILLED IN BY PARENT OR GUARDIAN:

(1) What language is spoken in your home most of the time? \_\_\_\_\_

(2) What language does your child speak most of the time? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

-----  
Tidehaven I. S. D.  
Nombre del distrito

TEXAS AGENCIA de la EDUCACION  
DIVISION De EDUCACION BILINGÜE

Idioma del hogar Inspecciona  
Calidades K-8

Nombre de Niño \_\_\_\_\_

Campus Gradúa \_\_\_\_\_

Se RELLENE Por GUARDIAN del Circuito del PADRE:

¿ (1) Lo que se habla en su hogar la mayor parte del tiempo idioma? \_\_\_\_\_

¿ (2) Lo que idioma hace a su niño habla la mayor parte del tiempo? \_\_\_\_\_

\_\_\_\_\_  
Firma de Padre o Guardián

\_\_\_\_\_  
Fecha

TIDEHAVEN INDEPENDENT SCHOOL DISTRICT  
LPAC Form

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Purpose of Meeting: Admission \_\_\_\_\_ Annual Review \_\_\_\_\_

Follow-up \_\_\_\_\_ Other \_\_\_\_\_

1. Date of Home Language Survey: \_\_\_\_\_

Primary Language: \_\_\_\_\_  
2. Oral Language Proficiency Score - English

Pre LAS \_\_\_\_\_ LAS I \_\_\_\_\_ LAS II \_\_\_\_\_

3. Achievement Test Scores (Test: \_\_\_\_\_)

Reading, % tile Language Arts \_\_\_\_\_ % tile

4. TAAS Mastery ( \_\_\_\_\_ grade)

Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math \_\_\_\_\_

5. Observations: \_\_\_\_\_

6. Recommendations (teacher, parent and/or student)  
\_\_\_\_\_

7. Classification LEP \_\_\_\_\_ Non-LEP \_\_\_\_\_

8. Bilingual/ESL Level \_\_\_\_\_

9. Recommended Program:

Bilingual/ESL Program \_\_\_\_\_ ESL Program \_\_\_\_\_ Regular Program \_\_\_\_\_

10. Test exemptions: \_\_\_\_\_

11. Special Programs:

Chapter 1 \_\_\_\_\_ Special Ed \_\_\_\_\_

Gifted & Talented \_\_\_\_\_ Other \_\_\_\_\_

12. Signatures:  
Campus Administrator: \_\_\_\_\_

Bilingual Teacher: \_\_\_\_\_

ESL Teacher: \_\_\_\_\_

Parent: \_\_\_\_\_

Other: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Dear Parent or Guardian of: \_\_\_\_\_

This is to advise you that your child is able to function in an All English Curriculum.

This judgment was based upon a comprehensive evaluation of your child.

If you have any questions or would like to discuss this further, you are encouraged to do so. Please return this notice in person, by mail or by your child.

Signed: \_\_\_\_\_  
Principal

-----

I have received notification of this assignment.

\_\_\_\_\_ I accept the decision of the school to put my child in the regular program.

\_\_\_\_\_ Or I reject that my child/dependent be placed in the regular program.

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_:

The Language Proficiency Assessment Committee at your child's school recommends that your child continue in the English as a Second Language Program. Due to a change in Texas State Law, your child will remain in this program until he/she has met the exit standards.

Your approval on this form will remain in effect until your child has met the exit standards or you request a change in his/her instruction.

If you have any questions or would like to discuss this further, you are encouraged to contact the campus principal's office.

Signed: \_\_\_\_\_  
Campus Principal

-----

I have received notification of this action.

\_\_\_\_\_ I accept the decision of the school.

\_\_\_\_\_ I reject the action and wish to meet with the school officials.

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

FECHA \_\_\_\_\_

ESCUELA \_\_\_\_\_

Estimado Padre/ Guardián de: \_\_\_\_\_

El Comité del Avalúo de la Habilidad del Idioma a la escuela de su niño recomienda que su niño continúe en el inglés como un Segundo Idioma Programa. Debido a un cambio en Texas Ley Estatal, su niño quedará en este programa hasta que él/ ha encontrado las normas de la salida.

Su aprobación en esta forma quedará en efecto hasta que su niño ha encontrado las normas de la salida o ruega un cambio en su/ su instrucción.

Si tiene cualquier preguntas o gustaría discutir este más allá, se alienta contactarle a la oficina de la principal del campus.

Firmó: \_\_\_\_\_  
Campus Principal

-----

He recibido notificación de esta acción.

\_\_\_\_\_ Acepto la decisión de la escuela.

\_\_\_\_\_ Rechazo la acción y quiero encontrar con los oficiales escolares.

Firmó: \_\_\_\_\_  
Padre o Guardián

Fecha: \_\_\_\_\_

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Dear Parent or Guardian of \_\_\_\_\_:

Your child has met the requirements for exit from the Bilingual / ESL program. Therefore, the Language Proficiency Assessment Committee (LPAC) has recommended that he/she exit into the regular education program.

The LPAC will continue to monitor your child's progress for two years. If your child has difficulty in school during those two years, the LPAC will meet to decide how to help your child continue to be successful.

Please call the principal's office if you have any questions or concerns.

Please return this notice in person, by mail or with your child.

Signed: \_\_\_\_\_  
Campus Principal

-----

I have received notification of this action.

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

FECHA: \_\_\_\_\_

ESCUELA: \_\_\_\_\_

Estimado Padre o Guardián de:

Su niño ha encontrado los requisitos por salida del Bilingüe/ ESL programa. Por consiguiente, el Comité del Avalúo de la Habilidad del Idioma (LPAC) ha recomendado que él/ termina en la educación regular programa.

El LPAC continuará supervisar el progreso de su niño por dos años. Si su niño tiene dificultad en escuela durante esos dos años, el LPAC encontrará decidir cómo ayudar a su niño continúa estar exitoso.

Favor de llamar la oficina de la principal si tiene cualquier preguntas o preocupaciones.

Favor de volverle a este aviso personalmente, por correo o con su niño.

Firmó: \_\_\_\_\_

Campus Principal

-----

He recibido notificación de esta acción.

Firmó: \_\_\_\_\_

Padre o Guardián

Fecha: \_\_\_\_\_

TIDEHAVEN INDEPENDENT SCHOOL DISTRICT  
ENGLISH AS A SECOND LANGUAGE PROGRAM  
TWO - YEAR FOLLOW-UP REPORT

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of dismissal from ESL services \_\_\_\_\_

-----

FIRST YEAR \_\_\_\_\_

SECOND YEAR \_\_\_\_\_

1. TAAS Scores \_\_\_\_\_

1. TAAS Scores \_\_\_\_\_

Date Administered \_\_\_\_\_

Date Administered \_\_\_\_\_

Reading \_\_\_\_\_

Reading \_\_\_\_\_

Writing \_\_\_\_\_

Writing \_\_\_\_\_

Math \_\_\_\_\_

Math \_\_\_\_\_

2. Student Grades (Grade \_\_\_\_\_)

2. Student Grades (Grade \_\_\_\_\_)

End of Year Average

End of Year Average

Reading \_\_\_\_\_

Reading \_\_\_\_\_

English/Language Arts \_\_\_\_\_

English/Language Arts \_\_\_\_\_

Social Studies \_\_\_\_\_

Social Studies \_\_\_\_\_

Science \_\_\_\_\_

Science \_\_\_\_\_

3. Teacher's Recommendation

3. Teacher's Recommendation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

Dear Parent or Guardian of \_\_\_\_\_:

Your child had the following results on the TAAS (Texas Assessment of Academic Skills) :

Reading pass / fail

Writing pass / fail

Math pass / fail

We are required by state law to reclassify your child as Limited English Proficient because he/she failed one or more sections of the test. The Language Proficiency Assessment Committee (LPAC) took this action and also made the following recommendation for your child's program at school:

---

---

---

Please complete the bottom portion of this page to let us know if you agree or disagree with the LPAC recommendation.

If you have any questions or would like to discuss this further, please call us. Please return this notice in person, by mail or by your child. Thank you.

Signed: \_\_\_\_\_  
Principal

-----

\_\_\_\_\_ Yes, I agree with the LPAC recommendation.

\_\_\_\_\_ No, I disagree and wish to meet with the school officials.

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

Fecha \_\_\_\_\_

Escuela \_\_\_\_\_

Estimado Padre o Guardián de: \_\_\_\_\_

Su niño tenía los resultados siguientes en el TAAS (Texas Avalúo de Habilidades Académicas):

Lectura	pasa/ falta
Escritura	pasa/ falta
Matemático	pasa/ falta

Somos requeridos por ley estatal a [reclassify] su niño como Limitado inglés Hábil porque él/ falló uno o más secciones de la prueba. El Comité del Avalúo de la Habilidad del Idioma (LPAC) tomó esta acción y también le hizo la recomendación siguiente por el programa de su niño a escuela:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favor de completar el fondo divide de esta página permitir que sabemos si está de acuerdo o no estar de acuerdo con el LPAC recomendación.

Si tiene cualquier preguntas o gustaría discutir este más allá, favor de llamarnos. Favor de volverle a este aviso personalmente, por correo o por su niño. Gracias.

Firmó: \_\_\_\_\_

Principal

-----

\_\_\_\_\_ Sí, estoy de acuerdo con el LPAC recomendación.

\_\_\_\_\_ No, discrepo y quiero encontrar con los oficiales escolares.

Firmó: \_\_\_\_\_

Padre o Guardián

Fecha: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_:

Your child had a final grade average below 70% in the following subject (s) :

<u>Subject</u>	<u>Grade Average</u>
_____	_____
_____	_____
_____	_____

We are required by state law to reclassify your child as Limited English Proficient because he/she has failing averages in one or more subjects. The Language Proficiency Assessment Committee took this action and also made the following recommendation for your child's program at school :

\_\_\_\_\_  
\_\_\_\_\_

Please complete the bottom portion of this page to let us know if you agree or disagree with the LPAC recommendation.

If you have any questions or would like to discuss this further, please call us. Please return this notice in person, by mail or by your child. Thank you.

Signed: \_\_\_\_\_  
Principal

-----

\_\_\_\_\_ Yes, I agree with the LPAC recommendation.

\_\_\_\_\_ No, I disagree and wish to meet with the school officials.

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

Fecha: \_\_\_\_\_

Escuela: \_\_\_\_\_

Estimado Padre/ Guardián de: \_\_\_\_\_

Su niño tenía un final promedio de la calidad abajo 70% en el asunto siguiente (s):

Promedio de la Calidad del asunto

_____	_____
_____	_____
_____	_____

Somos requeridos por ley estatal a [reclassify] su niño como Limitado inglés Hábil porque él/ tiene fracaso promedia en uno o más asuntos. El Comité del Avalúo de la Habilidad del Idioma tomó esta acción y también le hizo la recomendación siguiente por el programa de su niño a escuela:

\_\_\_\_\_

\_\_\_\_\_

Favor de completar el fondo divide de esta página permitir que sabemos si está de acuerdo o no estar de acuerdo con el LPAC recomendación.

Si tiene cualquier preguntas o gustaría discutir este más allá, favor de llamarnos. Favor de volverle a este aviso personalmente, por correo o por su niño. Gracias.

Firmó: \_\_\_\_\_  
Principal

-----

\_\_\_\_\_ Sí, estoy de acuerdo con el LPAC recomendación.

\_\_\_\_\_ No, discrepo y quiero encontrar con los oficiales escolares.

Firmó: \_\_\_\_\_  
Padre o Guardián

Fecha: \_\_\_\_\_

TIDEHAVEN INDEPENDENT SCHOOL DISTRICT

ESL PROGRAMS AND PROCEDURES

PRE-KINDERGARTEN - GRADE ONE

I. HOME LANGUAGE SURVEY

- A. Administer to all students upon initial enrollment in the district.
- B. The survey must be completed within 10 days from the date of enrollment.
- C. The survey is to be signed by the student's parents or legal guardian.

II. STUDENT TESTING

- A. A student must be tested and placed within four weeks if question (1) or (2) is answered "other than English on the Home Language Survey.
- B. Oral Language Proficiency - English
  - 1. The appropriate test listed below must be administered by a trained professional or paraprofessional:

<u>TEST</u>	<u>GRADE LEVEL</u>
Pre-LAS (Language Assessment Scale)	Pre-K and K
LAS (Language Assessment Scale) Level 1	Grade 1

- C. Oral or Written Language Proficiency - Spanish
  - 1. The appropriate level in Spanish of the Pre LAS or LAS I test will be administered to each student identified as LEP with Spanish as his or her primary language.
  - 2. The test must be administered by a professional or paraprofessional who is fluent in Spanish.

III. LIMITED ENGLISH PROFICIENT (LEP) IDENTIFICATION

- A. Student shall be identified as LEP if one or more of the following criteria are met:
  - 1. Ability in English is so limited that the English proficiency test cannot be administered.
  - 2. The score on the Pre-LAS or LAS 1 tests is below the level designated for indicating English proficiency.
- B. The identification and placement of each LEP student shall be completed within four weeks of the student's enrollment.

IV. LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE (LPAC)

- A. The LPAC will consist of an ESL teacher, a campus administrator and a parent of a LEP student.
- B. All LPAC members, including parents, will participate in an annual training provided by the district.

C. Duties:

1. The LPAC will identify and place each new LEP student within four weeks of the student's enrollment. The LPAC shall:
  - a. designate the language proficiency level of each LEP student in accordance with state guidelines.
  - b. designate the level of academic achievement of each LEP student.
  - c. designate, subject to parental approval, the initial instructional placement of each LEP student in the required program.
  - d. facilitate the participation of LEP students in other special programs for which they are eligible.
2. At the end of each school year, the LPAC shall review the progress of each LEP student currently in the program and determine placement for the next school year. The LPAC will be responsible for the same decisions as for new LEP students.
3. The LPAC shall monitor the academic progress of any PK - 1 students who exited the ESL program during the preceding two years, to determine whether the student is academically successful as defined by state ESL guidelines.
4. The LPAC may not exit any PK - 1 LEP students.

V. RECORDS

- A. The following forms and test information must be kept in the student's permanent record folder:
1. Home Language Survey
  2. LPAC sheet for each year in the program.
  3. The Oral Language Proficiency Tests (Pre-LAS and LAS) given for entry into the program.
  4. Two-year follow-up monitoring sheets for a student exited from the ESL program.
  5. Parental notification and approval letter for initial placement in the ESL program.

TIDEHAVEN INDEPENDENT SCHOOL DISTRICT

ESL PROGRAMS AND PROCEDURES

GRADES 2 - 12

I. HOME LANGUAGE SURVEY

- A. Administer to all students upon initial enrollment in the district.
- B. The survey must be completed within 10 days from the date of enrollment.
- C. The survey is to be signed by the student's parents or legal guardian for grades 2 - 12.

II. STUDENT TESTING

- A. A student must be tested within four weeks if question (1) or (2) is answered "other than English" on the Home Language Survey.
- B. Oral Language Proficiency - English
  - 1. The appropriate test listed below must be administered by a trained professional or paraprofessional:

<u>TEST</u>	<u>GRADE LEVEL</u>
LAS (Language Assessment Scale)	
Level I	Grades 2 - 5
Level II	Grades 6 - 12

- C. Written Language Proficiency - English
  - 1. The appropriate level of the Iowa Test of Basic Skills or TAAS, other TEA - approved achievement test shall be administered during the established norming period.
  - 2. This requirement may be waived if the student's ability in English is so limited that the administration of the English achievement test at grade level is not valid.
- D. Written Language Proficiency - Spanish
  - 1. The appropriate level of the Spanish version of the TAAS test will be administered to each student identified as limited English Proficient with Spanish as his or her primary language.
  - 2. The test must be administered by a professional or paraprofessional who is fluent in both oral and written Spanish.

III. LIMITED ENGLISH PROFICIENT (LEP) IDENTIFICATION

- A. A student shall be identified as LEP if one or more of the following criteria are met:
  - 1. Ability in English is so limited that the LAS test cannot be administered.
  - 2. The score on the LAS I or LAS II tests is below the level designated for indicating English proficiency.
  - 3. The score on either the reading or language section of a current achievement test is below the 40th percentile or the score on the TAAS reading test is below a 70 TLI. Writing, if applicable is below a 70 TLI.

4. Ability in English is so limited that the administration of the English achievement test is not valid.

#### IV. LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE (LPAC)

- A. The LPAC will consist of a campus administrator, an ESL teacher and a parent of a LEP student at each campus and if necessary, a special population teacher.
- B. All LPAC members, including parents, will participate in an annual training provided by the district.
- C. Duties:
  1. The LPAC will identify and place each new LEP student within four weeks of the student's enrollment.  
The LPAC shall:
    - a. designate the language proficiency level of each LEP student in accordance with state guidelines.
    - b. designate the level of academic achievement of each LEP student.
    - c. designate, subject to parental approval, the initial instructional placement of each LEP student in the required program.
    - d. facilitate the participation of LEP students in other special programs for which they are eligible.
  2. At the end of each school year, the LPAC shall review the progress of each LEP student currently in the program and determine placement for the next school year. The LPAC will be responsible for the same decisions as for new LEP students.
  3. The LPAC shall monitor the academic progress of each student who has exited from the ESL program within the past 2 years to determine whether the student is academically successful as defined by state ESL guidelines.

#### V. FOR EXIT FROM AN ESL PROGRAM, THE FOLLOWING CRITERIA MUST BE MET

- A. An achievement score at or above the 40th percentile in the reading and language arts sections of the standardized achievement test.  
or
- B. Mastery of the Texas Assessment of Academic Skills (TAAS)  
and  
oral written proficiency in both the primary language and English as evidenced by test administered at the end of each school year.

#### VI. GUIDELINES FOR THE 2 - YEAR MONITORING PROCESS

- A. Monitor the academic progress of each student who has exited from the ESL program within the past 2 years to determine academic success.
- B. Criteria for determining academic success:
  1. The student demonstrates mastery in English of the criterion - referenced assessment instrument required by Texas law (TAAS).
  2. The student has passing grades in all subjects and courses taken.

C. Procedure for students who are not successful:

1. The LPAC shall reclassify the student as Limited English Proficient.
2. The LPAC shall recommend appropriate placement in ESL, compensatory education or other programs which address the student's needs.

VII. RECORDS

The student's permanent record must contain documentation of all actions impacting the limited English proficient student. This documentation shall include:

1. Home Language Survey
2. The information used to identify the student as LEP - Pre-LAS, LAS, and/or achievement test scores.
3. the initial Language Proficiency Assessment Committee report showing the designation of the student's level of language proficiency and the recommendation of program placement.
4. parental approval of entry or placement into the program.
5. An LPAC report for each year in the program.
6. The dates of exit from, the program and parent notification to results of 2 - year monitoring.

## TIDEHAVEN INDEPENDENT SCHOOL DISTRICT

### Language Proficiency Assessment Committee Duties and Procedures

#### I. LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE (LPAC) MEMBERSHIP

- A. The LPAC will consist of an ESL teacher, a campus administrator and a parent of a Limited English Proficient student at each campus. The parent cannot be a school employee.
- B. All LPAC members including parents, will participate in an annual training provided by the district.

#### II. DUTIES

- A. The LPAC will identify and place each new LEP student with four weeks of the student's enrollment. The LPAC shall:
  - 1. designate the language proficiency level of each LEP student in accordance with state guidelines.
  - 2. designate the level of academic achievement of each LEP student.
  - 3. designate, subject to parental approval, the initial instructional placement of each LEP student in the required program.
  - 4. facilitate the participation of LEP students in other special programs for which they are eligible.
- B. The LPAC shall review the progress of each LEP student currently in the program and determine placement for the next school year. The LPAC will be responsible for the same decisions as for new LEP students.
- C. The LPAC shall monitor the academic progress of each student who has exited from the ESL program within the past 2 years to determine whether the student is academically successful as defined by state ESL guidelines.
- D. The LPAC may not exit any PK - 1 Limited English Proficient (LEP) students.

#### III. CRITERIA FOR IDENTIFICATION, PK - 1

A student shall be identified as LEP if one or more of the following criteria are met.

- 1. Ability in English is so limited that an English proficiency test cannot be administered.
- 2. The score on the Pre LAS or LAS I test is below the level designated as English proficient - Level 3 or below.

#### IV. CRITERIA FOR IDENTIFICATION, 2 - 12

A student shall be identified as LEP if one or more of the following criteria are met:

- 1. Ability in English is so limited that the LAS test cannot be administered.
- 2. The score on the LAS I or LAS II tests is below the level designated for indicating English proficiency.
- 3. The score on either the reading or language section of a current achievement test is below the 40th percentile.
- 4. The student's ability in English is so limited that the administration of the English achievement test is not valid.

V. FOR EXIT FROM AN ESL PROGRAM, THE FOLLOWING CRITERIA MUST BE MET:

- A. An achievement score at or above the 40th percentile in the reading and language arts sections of the standardized achievement test.  
or
- B. Mastery of the Texas Assessment of Academic Skills (TAAS) and oral and written proficiency in both the primary language and English as evidenced by tests administered at the end of each school year.

VI. CONFIDENTIALITY

- A. All members of the Language Proficiency Assessment Committee including parents, shall be acting for the school district and shall observe all laws and rules governing confidentiality of information concerning individual students (TAC 89.5)
- B. According to the Tidehaven ISD school board policy GBA, student records are not public information. The LPAC can review student information in order to make placement decisions, but all information is to be kept strictly confidential.

VII. GUIDELINES FOR THE 2 - YEAR MONITORING PROCESS

- A. Monitor the academic progress of each student who has exited from the ESL program within the past 2 years to determine academic success.
- B. Criteria for determining academic success:
  - 1. The student demonstrates mastery in English of the criterion - referenced assessment instrument required by Texas law (TAAS)
  - 2. The student has passing grades in all subjects and courses taken.
- C. Procedure for students who are not successful:
  - 1. The LPAC shall reclassify the student as Limited English Proficient.
  - 2. The LPAC shall recommend appropriate placement in ESL, compensatory education or other programs which address the student's needs.