

ACADEMIC LANGUAGE PLAN (ALP) FOR LONG-TERM ENGLISH LANGUAGE LEARNERS

Today's Date:		School:		ENL Teacher:	
ELL Student Information					
Student ID:		Last Name:		First Name:	
Grade:		LEP Date:		Country of Origin:	
Special Education (IEP): <input type="checkbox"/> Yes <input type="checkbox"/> No		504 Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No			
ENL Services					
Most Recent NYSESLAT Level (Check One): <input type="checkbox"/> Entering <input type="checkbox"/> Emerging <input type="checkbox"/> Transitioning <input type="checkbox"/> Expanding <input type="checkbox"/> Commanding <input type="checkbox"/> N/A (see below)					
If the student's last NYSESLAT score is based on previous classification, please indicate level: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance <input type="checkbox"/> Proficient <input type="checkbox"/> N/a					
Number of years student has received ENL services:		Total number of ENL units student is receiving this academic year (Check One): <input type="checkbox"/> .5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		If the student is <u>not</u> receiving ENL services, please explain the reason:	
Number of ENL units student is receiving in <u>Integrated</u> and <u>Standalone</u> services (Check one from each category): Integrated: <input type="checkbox"/> N/A <input type="checkbox"/> .5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 Standalone: <input type="checkbox"/> N/A <input type="checkbox"/> .5 <input type="checkbox"/> 1 <input type="checkbox"/> 2					
Specify the core content area class(es) for <u>Integrated services</u> (check all that apply): <input type="checkbox"/> ELA <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Math					
Academic Language Plan for Long-Term ELLs					
Indicate which, if not all, modalities and goals you plan to focus on with your long-term ELLs.					
Use the New York State Language Progressions in arranging language goals and developing instructional strategies for your student.					
Modalities	Language Goals	Instructional Strategies	Start Date	Monitor Status	
Speaking				Monitoring Date: Check One: <input type="checkbox"/> Student is progressing on targeted goals and will continue to receive language strategies. <input type="checkbox"/> Student is not progressing on goals. Language strategies will be revised. <input type="checkbox"/> Other –Please specify (i.e. absences, behavioral concerns, etc.)	
Listening				Monitoring Date: Check One: <input type="checkbox"/> Student is progressing on targeted goals and will continue to receive language strategies. <input type="checkbox"/> Student is not progressing on goals. Language strategies will be revised. <input type="checkbox"/> Other –Please specify (i.e. absences, behavioral concerns, etc.):	

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Reading				Monitoring Date: Check One: <input type="checkbox"/> Student is progressing on targeted goals and will continue to receive language strategies. <input type="checkbox"/> Student is not progressing on goals. Language strategies will be revised. <input type="checkbox"/> Other –Please specify (i.e. absences, behavioral concerns etc.):
Writing				Monitoring Date: Check One: <input type="checkbox"/> Student is progressing on targeted goals and will continue to receive language strategies. <input type="checkbox"/> Student is not progressing on goals. Language strategies will be revised. <input type="checkbox"/> Other –Please specify (i.e. absences, behavioral concerns, etc.):
Plan Revisions (if necessary) and Comments				
Note any revisions to the initial ALP and or specific comments regarding your student: <ul style="list-style-type: none">••••••				