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:	DOB:
Grade:	LEP Date:	Country of Origin:	Home Language:
Special Education (IEP): ☐ Yes ☐ No		504 Plan: ☐ Yes ☐ No	

ENL Services

Most Recent NYSESLAT Level (Check One): ☐Entering ☐ Emerging ☐Transitioning ☐Expanding ☐Commanding ☐ N/A (see below)

If the student's last NYSESLAT score is based on previous classification, please indicate level:

☐ Beginner ☐ Intermediate ☐ Advance ☐ Proficient ☐ N/a

Number of years student has received ENL services:	Total number of ENL units student is receiving this academic year (Check One): ☐.5 ☐ 1 ☐ 2 ☐ 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: ☐ N/A ☐ .5 ☐ 1 ☐ 2 **Standalone:** ☐ N/A ☐ .5 ☐ 1 ☐ 2

Specify the core content area class(es) for <u>Integrated services</u> (check all that apply): ☐ ELA ☐ Social Studies ☐ Science ☐ 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: ☐Student is progressing on targeted goals and will continue to receive language strategies. ☐Student is not progressing on goals. Language strategies will be revised. ☐Other –Please specify (i.e. absences, behavioral concerns, etc.)
Listening				Monitoring Date: Check One: ☐Student is progressing on targeted goals and will continue to receive language strategies. ☐Student is not progressing on goals. Language strategies will be revised. ☐Other –Please specify (i.e. absences, behavioral concerns, etc.):

Reading				Monitoring Date: Check One: ☐Student is progressing on targeted goals and will continue to receive language strategies. ☐Student is not progressing on goals. Language strategies will be revised. ☐Other –Please specify (i.e. absences, behavioral concerns etc.):
Writing				Monitoring Date: Check One: ☐Student is progressing on targeted goals and will continue to receive language strategies. ☐Student is not progressing on goals. Language strategies will be revised. ☐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:

-
-
-
-
-
-