

**ELL DATA FORM**

Other ID:  Student Name:  Grade:   
 Language Survey Date:  Date Entered US School:   
Original Lang Survey / Registration Form Date

**LP - NEW RECORD (ADD)**

**Click Begin Status Button**

Start Date:  (On or after CLASSIFICATION Date)

**Program Details:**

Referral Date:  (Home Lang Srvy Date)  
 Classification Date:  (Testing Date - (On/after REFERRAL Date)  
 Student Plan Date:  (Committee Meeting/Parent sign) (On or after START date)  
 Program Participation:   
 PK-12:   
 Fund Source:   
 Basis of Entry:   
 Tier Placement:

**LY - NEW RECORD (ADD)**

**Click Begin Status Button**

Start Date:  (On or after CLASSIFICATION Date)

**Program Details:**

Referral Date:  (Home Lang Srvy Date)  
 Classification Date:  (Testing Date - (On/after REFERRAL Date)  
 Student Plan Date:  (Committee Meeting/Parent sign) (On or after START date)  
 Program Participation:   
 PK-12:   
 Fund Source:   
 Basis of Entry:   
 Tier Placement:

**LP to LY STATUS CHANGE**

**Click on LP record - Click Status Change**

End Date:

**Program Details:**

Basis of Exit:

**Click Save Button**

**LP to ZZ STATUS CHANGE (INELIGIBLE)**

**Click on LP record - Click Status Change**

End Date:

**Program Details:**

Basis of Exit:

**Click Save Button**

**New Window for LY record**

Start Date:  (Start Date will match LP End Date)  
 End Date:

**Program Details:**

Student Plan Date:  Update (Start Date)  
 Program Participation:  (Do Not Change)  
 PK-12:   
 Fund Source:  (Do Not Change)  
 Basis of Entry:  (Do Not Use 'T')  
 Basis of Exit 1:  (Do Not Change)  
 Tier Placement:

**New Window for ZZ record**

Start Date:  (Start Date will match LP End Date)  
 End Date:  (Use Next School Day after Start Date)

**Program Details:**

Student Plan Date:  Update (Start Date)  
 Program Participation:   
 PK-12:   
 Fund Source:   
 Basis of Entry:  (Do Not Change)  
 Basis of Exit 1:  (Do Not Change)  
 Tier Placement:  (Do Not Change)

**LY - ENTRY TEST INFORMATION (REQUIRED)**

**Click Add Score Button**

ELL Test Details	Score Information	Tests with Multiple Scores	
Test Date: _____	Test Subject Content: _____	<i>Listening</i>	<i>Reading</i>
Test Name: _____	Test Score Type: _____	Test Subject Content: _____	Test Subject Content: _____
Test Field: _____	Test Score: _____	Test Score Type: _____	Test Score Type: _____
Test Form: _____		Test Score: _____	Test Score: _____
Test Level: _____		<i>Speaking</i>	<i>Writing</i>
<input checked="" type="checkbox"/> Entry <input type="checkbox"/> Exit <input type="checkbox"/> Other		Test Subject Content: _____	Test Subject Content: _____
Designation: _____		Test Score Type: _____	Test Score Type: _____
Proficiency Level: _____		Test Score: _____	Test Score: _____

**LY - SPECIAL PROGRAMS - CLASSROOM & TESTING ACCOMODATIONS**

Test Accommodations:  Start Date:

Test Description:  Per Test Type (FSA, NGSSS, EOC)

Test Accommodations:

Local Accommodations:

NOTE: \_\_\_\_\_

# ACCESS SCORES

ANNUAL YEAR END - TEST INFORMATION (LY) (YEAR 1)																		
<input type="button" value="Add Score"/> <span style="color: red; font-weight: bold;">Click Add Score Button</span>																		
ELL Test Details	Score Information	Tests with Multiple Scores																
Test Date: _____ Test Name: _____ Test Field: _____ Test Form: _____ Test Level: _____ <input type="checkbox"/> Entry <input type="checkbox"/> Exit <input checked="" type="checkbox"/> <b>Other</b> Designation: _____ Proficiency Level: _____	Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><i>Listening</i></td> <td style="width: 50%; text-align: center;"><i>Reading</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> <tr> <td style="text-align: center;"><i>Speaking</i></td> <td style="text-align: center;"><i>Writing</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> </table>	<i>Listening</i>	<i>Reading</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____	<i>Speaking</i>	<i>Writing</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____
<i>Listening</i>	<i>Reading</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	
<i>Speaking</i>	<i>Writing</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	
SPECIAL PROGRAMS - CLASSROOM & TESTING ACCOMODATIONS																		
Test Accommodations: <input type="button" value="Flex Setting"/> <input type="button" value="Dictionary"/> <input type="button" value="Flex Schedule"/> _____	<input type="button" value="Begin Sts"/>	Start Date: _____ Test Description: _____ <small>Per Test Type (FSA, NGSSS, EOC)</small> Test Accommodations: _____ Local Accommodations: _____																

ANNUAL YEAR END - TEST INFORMATION (LY) (YEAR 2)																		
<input type="button" value="Add Score"/> <span style="color: red; font-weight: bold;">Click Add Score Button</span>																		
ELL Test Details	Score Information	Tests with Multiple Scores																
Test Date: _____ Test Name: _____ Test Field: _____ Test Form: _____ Test Level: _____ <input type="checkbox"/> Entry <input type="checkbox"/> Exit <input checked="" type="checkbox"/> <b>Other</b> Designation: _____ Proficiency Level: _____	Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><i>Listening</i></td> <td style="width: 50%; text-align: center;"><i>Reading</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> <tr> <td style="text-align: center;"><i>Speaking</i></td> <td style="text-align: center;"><i>Writing</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> </table>	<i>Listening</i>	<i>Reading</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____	<i>Speaking</i>	<i>Writing</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____
<i>Listening</i>	<i>Reading</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	
<i>Speaking</i>	<i>Writing</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	
SPECIAL PROGRAMS - CLASSROOM & TESTING ACCOMODATIONS																		
Test Accommodations: <input type="button" value="Flex Setting"/> <input type="button" value="Dictionary"/> <input type="button" value="Flex Schedule"/> _____	<input type="button" value="Begin Sts"/>	Start Date: _____ Test Description: _____ <small>Per Test Type (FSA, NGSSS, EOC)</small> Test Accommodations: _____ Local Accommodations: _____																

ANNUAL YEAR END - TEST INFORMATION (LY) (YEAR 3)																		
<input type="button" value="Add Score"/> <span style="color: red; font-weight: bold;">Click Add Score Button</span>																		
ELL Test Details	Score Information	Tests with Multiple Scores																
Test Date: _____ Test Name: _____ Test Field: _____ Test Form: _____ Test Level: _____ <input type="checkbox"/> Entry <input type="checkbox"/> Exit <input checked="" type="checkbox"/> <b>Other</b> Designation: _____ Proficiency Level: _____	Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><i>Listening</i></td> <td style="width: 50%; text-align: center;"><i>Reading</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> <tr> <td style="text-align: center;"><i>Speaking</i></td> <td style="text-align: center;"><i>Writing</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> </table>	<i>Listening</i>	<i>Reading</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____	<i>Speaking</i>	<i>Writing</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____
<i>Listening</i>	<i>Reading</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	
<i>Speaking</i>	<i>Writing</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	
SPECIAL PROGRAMS - CLASSROOM & TESTING ACCOMODATIONS																		
Test Accommodations: <input type="button" value="Flex Setting"/> <input type="button" value="Dictionary"/> <input type="button" value="Flex Schedule"/> _____	<input type="button" value="Begin Sts"/>	Start Date: _____ Test Description: _____ <small>Per Test Type (FSA, NGSSS, EOC)</small> Test Accommodations: _____ Local Accommodations: _____																

# EXTENSIONS OF SERVICES

Assessment shall be administered no earlier than thirty (30) school days prior to the student's anniversary date. (6A-6.09022(2))

LY - 4 YEAR RE-EVALUATION	LY - 4 YEAR RE-EVALUATION	LY - 5 YEAR RE-EVALUATION
Extension of Instruction <input checked="" type="checkbox"/>	Extension of Instruction <input checked="" type="checkbox"/>	Extension of Instruction <input checked="" type="checkbox"/>
Reevaluation Date: <input style="width: 100%;" type="text"/>	Reevaluation Date: <input style="width: 100%;" type="text"/>	Reevaluation Date: <input style="width: 100%;" type="text"/>

## 4 YEAR ANNUAL ANNIVERSARY - ASSESSMENT INFORMATION (LY)

<input type="button" value="Add Score"/> <span style="color: red; font-weight: bold;">Click Add Score Button</span>																		
ELL Test Details	Score Information	Tests with Multiple Scores																
Test Date: _____ Test Name: _____ Test Field: _____ Test Form: _____ Test Level: _____ <input type="checkbox"/> Entry <input type="checkbox"/> Exit <input checked="" type="checkbox"/> <b>Other</b> Designation: _____ Proficiency Level: _____	Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><i>Listening</i></td> <td style="text-align: center; width: 50%;"><i>Reading</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> <tr> <td style="text-align: center;"><i>Speaking</i></td> <td style="text-align: center;"><i>Writing</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> </table>	<i>Listening</i>	<i>Reading</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____	<i>Speaking</i>	<i>Writing</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____
<i>Listening</i>	<i>Reading</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	
<i>Speaking</i>	<i>Writing</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	

## SPECIAL PROGRAMS - CLASSROOM & TESTING ACCOMODATIONS

Test Accommodations: <input type="button" value="Flex Setting"/> <input type="button" value="Dictionary"/> <input type="button" value="Flex Schedule"/> <input type="button" value=""/>	<input type="button" value="Begin Sts"/>	Start Date: <input style="width: 100%;" type="text"/> Test Description: <input style="width: 100%;" type="text"/> <small>Per Test Type (FSA, NGSSS, EOC)</small> Test Accommodations: <input style="width: 100%;" type="text"/> Local Accommodations: <input style="width: 100%;" type="text"/>
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## 5 YEAR ANNUAL ANNIVERSARY - ASSESSMENT INFORMATION (LY)

<input type="button" value="Add Score"/> <span style="color: red; font-weight: bold;">Click Add Score Button</span>																		
ELL Test Details	Score Information	Tests with Multiple Scores																
Test Date: _____ Test Name: _____ Test Field: _____ Test Form: _____ Test Level: _____ <input type="checkbox"/> Entry <input type="checkbox"/> Exit <input checked="" type="checkbox"/> <b>Other</b> Designation: _____ Proficiency Level: _____	Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><i>Listening</i></td> <td style="text-align: center; width: 50%;"><i>Reading</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> <tr> <td style="text-align: center;"><i>Speaking</i></td> <td style="text-align: center;"><i>Writing</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> </table>	<i>Listening</i>	<i>Reading</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____	<i>Speaking</i>	<i>Writing</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____
<i>Listening</i>	<i>Reading</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	
<i>Speaking</i>	<i>Writing</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	

## SPECIAL PROGRAMS - CLASSROOM & TESTING ACCOMODATIONS

Test Accommodations: <input type="button" value="Flex Setting"/> <input type="button" value="Dictionary"/> <input type="button" value="Flex Schedule"/> <input type="button" value=""/>	<input type="button" value="Begin Sts"/>	Start Date: <input style="width: 100%;" type="text"/> Test Description: <input style="width: 100%;" type="text"/> <small>Per Test Type (FSA, NGSSS, EOC)</small> Test Accommodations: <input style="width: 100%;" type="text"/> Local Accommodations: <input style="width: 100%;" type="text"/>
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## 6 YEAR ANNUAL ANNIVERSARY - ASSESSMENT INFORMATION (LY)

<input type="button" value="Add Score"/> <span style="color: red; font-weight: bold;">Click Add Score Button</span>																		
ELL Test Details	Score Information	Tests with Multiple Scores																
Test Date: _____ Test Name: _____ Test Field: _____ Test Form: _____ Test Level: _____ <input type="checkbox"/> Entry <input type="checkbox"/> Exit <input checked="" type="checkbox"/> <b>Other</b> Designation: _____ Proficiency Level: _____	Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;"><i>Listening</i></td> <td style="text-align: center; width: 50%;"><i>Reading</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> <tr> <td style="text-align: center;"><i>Speaking</i></td> <td style="text-align: center;"><i>Writing</i></td> </tr> <tr> <td>Test Subject Content: _____</td> <td>Test Subject Content: _____</td> </tr> <tr> <td>Test Score Type: _____</td> <td>Test Score Type: _____</td> </tr> <tr> <td>Test Score: _____</td> <td>Test Score: _____</td> </tr> </table>	<i>Listening</i>	<i>Reading</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____	<i>Speaking</i>	<i>Writing</i>	Test Subject Content: _____	Test Subject Content: _____	Test Score Type: _____	Test Score Type: _____	Test Score: _____	Test Score: _____
<i>Listening</i>	<i>Reading</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	
<i>Speaking</i>	<i>Writing</i>																	
Test Subject Content: _____	Test Subject Content: _____																	
Test Score Type: _____	Test Score Type: _____																	
Test Score: _____	Test Score: _____																	

## SPECIAL PROGRAMS - CLASSROOM & TESTING ACCOMODATIONS

Test Accommodations: <input type="button" value="Flex Setting"/> <input type="button" value="Dictionary"/> <input type="button" value="Flex Schedule"/> <input type="button" value=""/>	<input type="button" value="Begin Sts"/>	Start Date: <input style="width: 100%;" type="text"/> Test Description: <input style="width: 100%;" type="text"/> <small>Per Test Type (FSA, NGSSS, EOC)</small> Test Accommodations: <input style="width: 100%;" type="text"/> Local Accommodations: <input style="width: 100%;" type="text"/>
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### LY to LF STATUS CHANGE

**Click on LY record - Click Status Change**

End Date:

**Program Details:**  
 Basis of Exit:

**Click Save Button**

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**New Window for LF record**

Start Date:  (Start Date will match LP End Date)  
 End Date:

**Program Details:**  
 Student Plan Date:  Update (Start Date)  
 Program Participation:   
 PK-12:   
 Fund Source:   
 Basis of Exit:  (Do Not Change)  
 Tier Placement:

### LF to LY STATUS CHANGE (RE-ACTIVATE)

**Click on LF record - Click Status Change**

End Date:

**Program Details:**  
 Basis of Exit:

**Click Save Button**

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**New Window for LY record**

Start Date:  (Start Date will match LP End Date)  
 End Date:

**Program Details:**  
 Student Plan Date:  Update (Start Date)  
 Program Participation:   
 PK-12:   
 Fund Source:   
 Basis of Entry:  Change If Necessary  
 Basis of Exit:  Remove Exit Code  
 Tier Placement:

### LF - OTHER TEST INFORMATION (REQUIRED)

**Click Add Score Button**

ELL Test Details	Score Information	Tests with Multiple Scores	
Test Date: _____ Test Name: _____ Test Field: _____ Test Form: _____ Test Level: _____ <input type="checkbox"/> Entry <input type="checkbox"/> Exit <input checked="" type="checkbox"/> Other Designation: _____ Proficiency Level: _____	Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<i>Listening</i> Test Subject Content: _____ Test Score Type: _____ Test Score: _____ <i>Speaking</i> Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<i>Reading</i> Test Subject Content: _____ Test Score Type: _____ Test Score: _____ <i>Writing</i> Test Subject Content: _____ Test Score Type: _____ Test Score: _____

### LF - MONITORING DATES

Once a student, identified as LF, has been through all the required monitoring review and has not been reclassified as ELL, the LF code must be changed to LZ.

**First Report Card:**

Notes: \_\_\_\_\_

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**First Semiannual Review:**

Notes: \_\_\_\_\_

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**Second Semiannual Review:**

Notes: \_\_\_\_\_

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**End of the Second Year:**

Notes: \_\_\_\_\_

### LF to LZ STATUS CHANGE

**Click on LF record - Click Status Change**

End Date:

**Program Details:**  
 Basis of Exit:   
 Tier Placement:  (Do Not Change)

**Click Save Button**

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**New Window for LZ record**

Start Date:  (Start Date will match LP End Date)  
 End Date:  (Use Next School Day after Start Date)

**Program Details:**  
 Student Plan Date:  Update (Start Date)  
 Program Participation:   
 PK-12:   
 Fund Source:  (Do Not Change)  
 Basis of Exit 2:   
 Tier Placement:  (Do Not Change)

### LZ - EXIT TEST INFORMATION (REQUIRED)

**Click Add Score Button**

ELL Test Details	Score Information	Tests with Multiple Scores	
Test Date: _____ Test Name: _____ Test Field: _____ Test Form: _____ Test Level: _____ <input type="checkbox"/> Entry <input checked="" type="checkbox"/> Exit <input type="checkbox"/> Other Designation: _____ Proficiency Level: _____	Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<i>Listening</i> Test Subject Content: _____ Test Score Type: _____ Test Score: _____ <i>Speaking</i> Test Subject Content: _____ Test Score Type: _____ Test Score: _____	<i>Reading</i> Test Subject Content: _____ Test Score Type: _____ Test Score: _____ <i>Writing</i> Test Subject Content: _____ Test Score Type: _____ Test Score: _____