

**REFERRAL AND EVALUATION OF LANGUAGE MINORITY STUDENTS
FOR SPECIAL EDUCATION SERVICES
ESL Interventions Checklist Phase I**

- | | | Yes | No |
|-----|---|--------------------------|--------------------------|
| 1) | Has the Home Language Survey (HLS) been administered to the student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | If the HLS indicates a language other than English, has an assessment of the student's English proficiency been administered for reading, writing, speaking, and listening? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | Following the English proficiency assessment, has the student been identified as limited English proficient (LEP); level 1,2,3,4 or 5? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | Has an Individual Record Plan (IRP) been developed based upon language proficiency level and have appropriate instructional adaptations been identified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) | Has instruction been adapted to accommodate the needs of the LEP student within the classroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) | Have realistic goals and expectations been identified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) | Have student work samples been kept in the student's portfolio? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) | Have objective measures been used to monitor student performance/progress?
These objectives should include:
a) ESL integrated proficiency indicators
b) language proficiency assessment instrument(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) | Have alternative grading strategies been implemented?
a) pass/fail option
b) contracts with student
c) allow student to have exam read to him/her
d) allow student to create pictorial representations of content
e) allow student to express acquired information with semantic maps
f) permit extended time on homework and tests
g) develop student portfolio to detail student's progress
h) grade on mastery of concepts, not use of English
i) provide simplified test format based on student's personal goals
j) develop/utilize a proficiency chart to document student's achievements | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) | Has the student been in the American school system for over one calendar year?
<u>OR</u> If preschool age, has the child been involved in a preschool program (or similar, developmentally appropriate activities) in the American community for over one calendar year? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "NO" to any of the above questions, then call for the ESL Coordinator in your district or 1-800-382-9962 to speak with someone at the Division of Language Minority and Migrant Programs at the Indiana Department of Education.

If you answered "YES" to all of the above questions, proceed to Phase Two.

ESL Interventions Checklist Phase Two

	Yes	No
1) Has Phase I been fully implemented?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has background information been obtained on the student in the following areas?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Length of stay in the United States</u>		
a) How long has the student been in the United States?		
b) How long has the student been in American schools?		
c) How long has the student been in your school corporation?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Reason for leaving native country</u>		
a) Political reasons?		
b) Economic reasons?		
<u>Medical History</u>	<input type="checkbox"/>	<input type="checkbox"/>
a) Has the student suffered from physical ailments, such as vision or hearing?		
b) Does the student suffer from any mental handicaps?		
c) Has the student suffered from dental problems?		
3) Understanding language and culture implications, have the instructors done the following?		
<u>Culture:</u>		
a) Has the classroom teacher studied cultural specifics of student's culture and made culture and learning style adaptations?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the classroom teacher been provided with the necessary guidance and resources to make these adaptations?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Language:</u>		
a) Does the classroom teacher understand/utilize the principles of second language acquisition?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the <i>dominant</i> language been identified through the Home Language Survey?	<input type="checkbox"/>	<input type="checkbox"/>
c) Is the student literate in his/her dominant language?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Social Adaptation:</u>		
a) Has the teacher considered the student's interactions with his/her age peers according to the LEP student's own cultural standards?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the teacher considered the student's interactions with instructional and school staff according to his/her own cultural standards?	<input type="checkbox"/>	<input type="checkbox"/>
c) Has the teacher considered the student's interactions within his/her family according to the student's own cultural standards?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has an Individual Record Plan (IRP) been reviewed based on instructional adaptations?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have parents been included in the process of the IRP and its implications?	<input type="checkbox"/>	<input type="checkbox"/>
a) Have parents been encouraged to strengthen dominant language skills in the home?	<input type="checkbox"/>	<input type="checkbox"/>
b) Have parents been advised in dominant language in oral and written forms?	<input type="checkbox"/>	<input type="checkbox"/>

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If you answered "YES" to all of the above questions, proceed to Phase Three.

ESL Interventions Checklist Phase Three

	Yes	No
<u>Referral</u>		
1) Have Phases One and Two been fully implemented?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has a formal referral been made by the teacher?	<input type="checkbox"/>	<input type="checkbox"/>
a) Have the appropriate professionals received general education intervention documents and student's work samples?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has information pertinent to the referral been obtained from ESL staff and included in the referral information?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Consent</u>		
3) Have parents been informed in their dominant language regarding the consent?	<input type="checkbox"/>	<input type="checkbox"/>
a) Is a written explanation for special education referral clearly detailed?	<input type="checkbox"/>	<input type="checkbox"/>
b) If the parents are not literate in their native language, has the referral been explained and understood?	<input type="checkbox"/>	<input type="checkbox"/>
c) After parents fully understand the referral, have they signed a consent form for the special education evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Evaluation</u>		
4) Has the student been observed in multiple settings?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have special education evaluations been conducted in the student's most dominant language?	<input type="checkbox"/>	<input type="checkbox"/>
a) Has a team of professionals discussed the most appropriate testing methodology? (Team includes ESL provider, school psychologist, child's teacher, and when appropriate, the parent)	<input type="checkbox"/>	<input type="checkbox"/>
b) If the evaluating professional was not bilingual, was the interpreter fully bilingual and bicultural in the student's dominant language?	<input type="checkbox"/>	<input type="checkbox"/>
c) If the student was evaluated in a language other than English, were the interpretation of the evaluation results done by a person who was fully bilingual and bicultural in the student's most dominant language?	<input type="checkbox"/>	<input type="checkbox"/>
d) If an interpreter was used, was he/she an objective party? (e.g., not a family member or friend)	<input type="checkbox"/>	<input type="checkbox"/>
6) Has a school representative or ESL provider who understands the process of second language acquisition been included in the interpretation of the evaluation results?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Case Conference Committee</u>		
7) Will the case conference committee include an ESL provider or a representative of the school who understands the process of second language acquisition?	<input type="checkbox"/>	<input type="checkbox"/>
8) Will the case conference committee include someone who is capable of translating the discussion and information for the parent in the family's native language?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to all of these questions, then the case conference committee is ready to convene to discuss eligibility and educational programming.

If you have any questions about developing and IEP for limited English proficient students, please call 1-800-382-9962. If you answered "NO" to any of the above questions, please call for an ESL Coordinator in your district or 1-800-382-9962 to reach the Division of Language Minority and Migrant Programs at the Indiana Department of Education.