**ENL STUDENT MONITOR FORM**

**Alternative Services for Students Not Receiving Direct Services from ENL Staff**

**MSD Washington Township – North Central High School**

**Please complete the following information for students who are not receiving direct language development services from ENL staff.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

ENL Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which of the following language development services the student is receiving:

Achieve 3000\_\_\_\_\_ After School Achievers \_\_\_\_\_

Assignment to Learning Center \_\_\_\_\_ READ 180 \_\_\_\_\_

Sheltered Classes\_\_\_\_\_ Title I Literacy Impact: \_\_\_\_\_

Instructional Assistant Support in Content Classes\_\_\_\_\_

Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **STUDENT GRADES** |
|  | **ENGLISH** | **MATH** | **SCIENCE** | **SOCIAL STUDIES** |
| **SEMESTER 1** |  |  |  |  |
| **SEMESTER 2** |  |  |  |  |
| **COMMENTS:** |

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| **ECA SCORES** |
| **DATE** | **ENGLISH 10** | **ALGEBRA I** |
|  |  |  |
| **COMMENTS:** |

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| **LAS LINKS PROFICIENCY LEVELS** |
| **DATE** | **SPEAKING** | **LISTENING** | **READING** | **WRITING** |
| **SPRING 20\_\_\_** |  |  |  |  |
| **SPRING 20\_\_\_** |  |  |  |  |
| **SPRING 20\_\_\_** |  |  |  |  |

Do the student’s grades or ISTEP scores indicate a need for direct services in the ENL program? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_ If yes, please explain:

January 2011