*Maintain in student’s record folder.*

Language Proficiency Assessment Committee (LPAC)

**English Language Learner (ELL)**

**Cumulative Folder Documentation Checklist  
      Independent School District/Charter School**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:**        **Student ID: \_\_\_\_\_\_\_\_\_** | | **Date of Birth:**  **Campus: \_\_\_\_\_\_\_\_\_\_\_\_** | |
|  | |  | |
| **Initial Documentation** | | | |
| **√** | **Form** | | **Date** |
|  | Home Language Survey | |  |
|  | Oral Language Proficiency Test (OLPT) English | |  |
|  | Oral Language Proficiency Test (OLPT) Spanish | |  |
|  | Agency Approved Norm-Referenced Test(s) | |  |
|  | LPAC Initial Placement/Recommendation | |  |
|  | Notification of Placement | |  |
|  | Parent Permission (same date as program placement) | |  |
|  | Parent Denial | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Annual Documentation** | | | | | | | | |
| **Documentation** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
| Oral Language Proficiency Test (OLPT) English |  |  |  |  |  |  |  |  |
| Oral Language Proficiency Test (OLPT) Primary Language |  |  |  |  |  |  |  |  |
| Agency Approved Norm-Referenced Test(s) |  |  |  |  |  |  |  |  |
| State Assessment Results |  |  |  |  |  |  |  |  |
| TELPAS Individual Student Profile |  |  |  |  |  |  |  |  |
| Other (district policy) |  |  |  |  |  |  |  |  |
| Notification of Exit |  |  |  |  |  |  |  |  |
| Parent Permission |  |  |  |  |  |  |  |  |