PUTNAM COUNTY SCHOOL DISTRICT

English Language Learner (ELL) Committee/Conference Report

School Year _____

STUDENT NAME *(first, middle initial, last)*	STUDENT ID #	START DATE	GRADE	IM CODE

LANGUAGE	SCHOOL NAME	

Meeting Date _____

☐ Conference ☐ ELL Committee Exit** ☐ Retention **

☐ ELL Committee ** ☐ ELL Committee Extension** ☐ Reclassification

**** attach parent invite**

MEETING NOTES:

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Signature of School ESOL Coordinator *Signature of Parent/Guardian*

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Signature of Teacher *Signature and Title of Other*

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Signature of Administrator *Signature and Title of Other*

PCSD 8 (5/30/2016) ORIGINAL: STUDENT ELL FOLDER