



PUTNAM COUNTY SCHOOL DISTRICT

Reevaluation of English for Speakers of Other Languages (ESOL) Program Services

Reevaluation accountability as required by the State. Place this completed form with attachments in the student's ELL (English Language Learner) folder.

School Year _____ Services Type (check one only) Extension Exit

Student Name _____ Student ID # _____ Grade _____

Tier _____ Reevaluation Meeting Date _____

The following documents are attached:

- Report Card (Prior to extension/exit)
- FSA Score - Copy of Test Scores Page
- Parent Notification of ESOL Program Status
- iReady Data
- Parent Invitation (if applicable) *
- ACCESS for ELLs 2.0 Test Results

Assessment Data:

GRADES K-3	GRADES 3(R) - 12
ACCESS L/S _____ R _____ W _____	ACCESS L/S _____ R _____ W _____
OR	FSA ELA _____ OR
IPT Scores R _____ W _____ O _____	IPT Scores R _____ W _____ O _____

Meeting Notes:

Signature of School ESOL Coordinator

Signature of Administrator *

Signature of Teacher

Signature of Parent/Guardian

Signature of Teacher

*** Required for ELL committee extension/exit**