

**SAMPLE FORM**

**San Benito Consolidated Independent School District  
LPAC Meeting Minutes**

The \_\_\_\_\_ Language Proficiency Assessment Committee (LPAC) met on \_\_\_\_\_ for student classification/reclassification purposes. The following information was reviewed:

| Student Name                      | ID Number | Date of Birth | Years in U.S. Schools | Grade           | Home Language Survey |   | Oral Language Proficiency Test Score (OLPT) |     | TELPAS |   |   |   |      | TAKS/STAAR                             | Program Placement BIL or ESL |
|-----------------------------------|-----------|---------------|-----------------------|-----------------|----------------------|---|---|-----|--------|---|---|---|------|--|------------------------------|
|                                   |           |               |                       |                 | Question             |   | SP  | ENG | L      | S | R | W | COMP |  |                              |
|                                   |           |               |                       |                 | 1                    | 2 |   |     |        |   |   |   |      |  |                              |
| Example, First<br>XFER Fred Booth | 12345     | 9/07/03       | 1                     | 4 <sup>th</sup> | S                    | S | F   | B   |        |   |   |   |      | M-1421 (Y)<br>R-1380 (Y)               |                              |
| Example, Second<br>XFER JODLF     | 12345     | 10/10/02      | 2                     | 5 <sup>th</sup> | E                    | S |   |     | B      | B | B | B | B    | M-1503 (Y)<br>R-1500 (Y)<br>W-3844 (Y) |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |
|                                   |           |               |                       |                 |                      |   |   |     |        |   |   |   |      |  |                              |

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- LPAC Members Present
- Campus Administrator \_\_\_\_\_
  - Parent of English Language Learner \_\_\_\_\_
  - Bilingual/ ESL Teacher \_\_\_\_\_
  - Counselor \_\_\_\_\_
  - LPAC Representative for ARD (if needed) \_\_\_\_\_