

Campus: ______Date: _____

Print Name	Signature	LPAC Members Present:	Print Name	Signature
		Parent Representative		
		*ARD Committee Rep.		
		Other (Specify Title):		
	Print Name		Print Name Signature LPAC Members Present: Parent Representative *ARD Committee Rep. Other (Specify Title):	Parent Representative *ARD Committee Rep.

This LPAC will review and address (chec	k all that apply):	Notes:	
☐ Program Placements ☐ Instructional Levels ☐ Instructional Interventions	Participation in state assessment Reclassification of Students 2 Year Follow-up	Parental Denials Special Education Students* Other, please specify:	If you need more space for notes or for explanation/documentation of a special case, use the LPAC Notes sheet .

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ID#	Student Name	Exit Date	Years in the Program	Grade	Rdg / ELA		Math			Other	Rdg ELA	/ \//+a	Math			Other	Credits Earned	Disciplinary Actions	Absences	Tutorials	Homework Support	Comp. Assisted Instruction	Rtl
	Include all students who											Use M for and D for Standar	or Did N							11	nave inc	uded so	ome
	have exited the Bilingual or ESL program in the past two years.						rd Gra		he faili	ng		If the sto Spansh,	udents			or _		Type to number referra	er of	bu	eneral in ut you m ection to upport se	ay edit reflect	this the
	Include students whose parents have denied services for the Bilingual or ESL Program.				gra Eve gra	des. entually	, we w	ill pop				If the sto STAAR-L or D				M	- 1	and absend for the report period	e ing		ave at yo		-
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