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San Benito Consolidated Independent School District

LPAC Parent Membership Request Letter

Date: _____

Dear Parents:

According to state policy, we are required to have a parent of a student who participates in a Bilingual or English as a Second Language program serve on our school's Language Proficiency Assessment Committee (LPAC). The LPAC serves as the students' advocate to make certain they receive the appropriate services.

We are asking for parent volunteers who would be willing to serve as our parent member of the LPAC. You will receive training at the first LPAC meeting and then be asked to assist the team in identifying and placing children in the appropriate program for language development and academic success. In addition, parent volunteers will participate in annual reviews and other meetings as necessary to ensure student progress.

If you would be willing to serve on the LPAC, please fill out the information below and send the form to school with your child. If you have any questions please contact _____ at _____.

Sincerely,

School Principal

.....
Parent / Name (s): _____
Legal Representative

Phone #: _____

Child's Name: _____

School: _____

Grade: _____

It is the policy of the San Benito CISD not to discriminate on the basis of race, color, national origin, gender, or disability in its educational and Career and Technology programs, activities as required by Title VI or the Civil Rights Act of 1964.

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Solicitud de Padres Como Miembros del Comité de Evaluación del Dominio del Idioma (LPAC)

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Fecha: _____

De acuerdo con la ley estatal tenemos la obligación de que un padre cuyo hijo/a participe en el programa bilingüe o el programa de inglés como segundo idioma (ESL) sea un representante en el Comité de Evaluación del Dominio del Idioma (LPAC) de nuestra escuela. El Comité de Evaluación del Dominio del Idioma (LPAC) representa los intereses de los estudiantes para asegurarse que reciban los servicios educativos apropiados.

Estamos solicitando padres de familia que estén dispuestos a participar como voluntarios en el Comité de Evaluación del Dominio del Idioma (LPAC). Recibirán entrenamiento durante la primera reunión del Comité de Evaluación del Dominio del Idioma (LPAC) y después se les pedirá su ayuda para identificar y recomendar el programa apropiado que asegure el desarrollo del idioma y el éxito académico de los estudiantes. Así mismo si es necesario, los padres voluntarios participarán en juntas adicionales para reevaluar el progreso del estudiante.

Si están dispuestos a participar en el Comité de Evaluación del Dominio del Idioma (LPAC), favor de completar la siguiente información y regrese esta hoja a la escuela con su hijo/a. Si tiene preguntas, favor de comunicarse con _____ al teléfono _____.

Sinceramente,

Director/a de la Escuela

.....
Nombre(s) de Padre(s): _____

Número de teléfono: _____

Nombre del estudiante: _____

Escuela: _____

Grado: _____

Es norma del distrito escolar de San Benito no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades en los programas educacionales y de carreras y tecnología, tal como lo requieren el Título VI o de la Ley de Derechos Civiles de 1964.



**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL EDUCATION**

**Language Proficiency Assessment Committee (LPAC)
Member Roster School Year _____**

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School District/Charter School: _____

Campus: _____

Date: _____

	Name of LPAC Member	Signature
1.	_____ <i>Professional Bilingual Educator</i>	
2.	_____ <i>Professional Transitional Language Educator/ESL Teacher</i>	
3.	_____ <i>Parent Representative</i>	
4.	_____ <i>Campus Administrator</i>	
5.	_____ <i>LPAC Representative for ARD Committee (if needed)</i>	
6.	_____ <i>Other</i>	
7.	_____ <i>Other</i>	



San Benito Consolidated Independent School District/Charter School LPAC Confidentiality Statement

I _____, serve as a member of the _____ (school) Language Proficiency Assessment Committee (LPAC) as provided by 19 TAC Chapter 89.1220(f).

I hereby certify that I have been informed that any educational records examined by me in connection with the performance of my duties as a member of the LPAC are confidential records as defined by the Family Educational Rights and Privacy Act and the contents are not to be released except in compliance with the terms of that statute.

20 U.S.C., Section 1232g; 34CFR, Part 99.

Signature: _____

Date: _____

Yo, el suscrito, _____ actúo como miembro del Comité de Evaluación del Dominio del Idioma (LPAC) de la escuela _____ de acuerdo con el 19 TAC Capítulo 89.1220(f).

Por la presente certifico que he sido informado que cualquier archivo educativo que examine en relación a mis responsabilidades como miembro del Comité de Evaluación del Dominio del Idioma (LPAC) es archivo confidencial, según lo estipula la Ley de Privacidad y de Derechos Educativos de la Familia, cuyo contenido no será divulgado excepto en acuerdo con los términos de dicha ley.

20 U.S.C., Sección 1232g; 34CFR, Parte 99.

Firma: _____

Fecha: _____

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San Benito Consolidated Independent School District

Initial Parent Approval-Identification and Placement
Bilingual/ESL Program, 19 TAC Chapter 89, Subchapter BB
§ 1229(j) (k); PL §107-110 §3302 (a) Title III, Part C, Sec. 3302 (a)(c)(d)

Campus Name _____ Date _____

To the Parents/Guardians of _____ Grade _____

Federal and Texas laws require language instruction programs for students who have not attained proficiency in using the English language. We have reviewed your son/daughter's oral language and academic performance in order to make the best instructional decision.

English Oral Language Proficiency Test **(OLPT, PK-12) Name: _____

Date Administered: _____ Results: _____ Proficiency: _____

Spanish Oral Language Proficiency Test *(OLPT, PK-12) Name: _____

Date Administered: _____ Results: _____ Proficiency: _____

English Norm-referenced Standardized Achievement Test** (Grades 2-12) Name _____

Reading Score _____ Language Arts Score _____

Spanish Norm-referenced Standardized Achievement Test** (Grades 2-12) Name _____

Reading Score _____ Language Arts Score _____

*required for placement in the Bilingual program **required for placement in the Bilingual and the ESL programs

Tests taken for placement or for exit are from the state approved list of tests found on the TEA bilingual unit website:

<http://ritter.tea.state.tx.us/curriculum/biling/ListofApprovalTests2010-2011.pdf>

Other language/academic tests(s) reviewed (optional):

Name of Placement Test _____ Results: Reading _____

Name of Placement Test _____ Results: Writing _____

Texas English Language Proficiency Assessment System (TELPAS)

Listening _____ Speaking _____ Reading _____ Writing _____ Composite _____

Based on the results reviewed from all these assessments, the English language proficiency for your son/daughter has been determined to be _____. Consequently, we recommend that your son/daughter be placed in the following program required in the district (19 TAC Subchapter BB §89.1205):

_____ Bilingual _____ English as a Second Language (ESL)

The following is a description of the program that your son/daughter will be placed in. It describes how the program differs from the regular program in content, instruction goals, and use of English and native language instruction.

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San Benito Consolidated Independent School District

Notificación para Padres – Identificación y participación en el programa bilingüe/ESL 19 TAC Capítulo 89, Subcapítulo BB § 1220(j) (k); PL §107-110 §3302 (a)

Escuela _____ Fecha _____

Para los padres/representantes legales de _____ Grado _____

Las leyes federales y estatales requieren programas del lenguaje educacionales para los estudiantes que no han dominado el inglés. Hemos revisado los resultados de las pruebas del dominio oral y de aprovechamiento académico de su hijo/a para hacer decisiones sobre la mejor manera de darle instrucción en la escuela.

Prueba oral del dominio del idioma en inglés ******(OLPT, PK-12) Nombre: _____

Fecha de administración: _____ Resultados: _____ Nivel de dominio del idioma: _____

Prueba de dominio del idioma en español (OLPT, PK-12) Nombre: _____

Fecha de administración: _____ Resultados: _____ Nivel de dominio del idioma: _____

Prueba de medición estandarizada en inglés******(Grados 2-12) Nombre: _____

Resultados de lectura: _____ Resultados de artes de lenguaje: _____

Prueba de medición estandarizada en español******(Grados 2-12) Nombre: _____

Resultados de lectura: _____ Resultados de artes de lenguaje: _____

*requerido para participar en el programa bilingüe **requerido para participar en los programas bilingües o de inglés como segundo idioma Las pruebas que se toman para participar o salida de estos programas están en la lista de pruebas aprobadas por el estado y se encuentran en el sitio de Internet de TEA del programa bilingüe: <http://Ritter.tea.state.tx.us/curriculum/biling/ListofApproved2010-2011.pdf>

Pruebas del lenguaje académicas adicionales que se revisaron (opcional):

Nombre de la prueba de ingreso _____ Resultados: Lectura _____

Nombre de la prueba de ingreso _____ Resultados: Escritura _____

Protocolo de observaciones (TELPAS)

Principiante (P); Intermedio (I); Avanzado (A); (o) Avanzado Superior (AS)

Habilidad para: Escuchar _____ Hablar _____ Leer _____ Escribir _____
Compuesto _____

Basándonos en los resultados de estas pruebas, el nivel de dominio del idioma inglés que se ha determinado para su hijo/a es _____.

Por consiguiente, recomendamos que su hijo/a participe en el siguiente programa requerido por el distrito (19 TAC Subcapítulo BB §89.1205):

_____ Bilingüe _____ Inglés como segundo idioma (ESL)

Es norma del distrito escolar de San Benito no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades en los programas educacionales y de carreras y tecnología, tal como lo requieren el Título VI o de la Ley de Derechos Civiles de 1964.

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A continuación le damos una descripción del programa en el cual su hijo/a será inscrito. La descripción demuestra como el programa se distingue en contenido, metas de aprendizaje, y el uso del inglés e instrucción en el primer idioma.

Nuestro distrito espera que todos los estudiantes, incluyendo a los estudiantes que participen en los programas de educación bilingüe o inglés como segundo idioma, logren obtener con éxito los estándares fijados por el estado. El currículo estatal son los conocimientos y destrezas esenciales de Texas (TEKS), es el mismo que se enseña en nuestro distrito. Se espera que todos los estudiantes cumplan con los estándares del estado con éxito.

A los maestros en los programas bilingües e inglés como segundo idioma se les da entrenamiento sobre como desarrollar los planes de instrucción para los niños cuyo primer idioma no es el inglés. El currículo y la instrucción en el programa bilingüe/ESL serán llevados a cabo usando materiales apropiados de acuerdo al nivel de desarrollo del estudiante y por medio de metodología apropiada diseñada para acelerar el desarrollo de la comprensión, comunicación, y las destrezas académicas en inglés. Esto puede incluir el uso del primer idioma del niño/a. En el caso de un estudiante con alguna discapacidad, el programa de educación especial en colaboración con el comité que evalúa el dominio del lenguaje (LPAC) determinará instrucción apropiada siguiendo el programa individual de educación (IEP) que se ha elaborado especialmente para el estudiante. Se espera que su hijo/a se gradúe en _____.

Para los estudiantes que no han logrado el nivel Avanzado Superior en el dominio del idioma, la transición del primer idioma al inglés se llevará acabo dentro de _____ años. Los estudiantes pueden salir del programa cuando hayan cumplido con los requisitos siguientes del programa establecido por el estado para los estudiantes en los programas bilingüe e inglés como segundo idioma (ESL).

1. Exámenes aprobados por la Agencia de Educación de Tejas (TEA) que miden el punto que el estudiante ha desarrollado dominio del idioma oral y escrito y habilidades de lenguaje específicas en inglés.
2. Desempeño satisfactorio en el instrumento de la evaluación de la lectura bajo la Sección 39.023(a) del Código de Educación de Tejas, o un instrumento de evaluación de artes de lenguaje administrado en inglés, o una puntuación de percentil 40 o superior en las ambas secciones de lectura en inglés y de artes del lenguaje en inglés de un instrumento de evaluación de medición aprobado por la Agencia de Educación de Tejas (TEA) si el estudiante esta matriculado en el primer o segundo grado; y
3. Exámenes de escritura de medición de criterios aprobados por la agencia de Educación de Tejas (TEA) cuando sean disponibles, otros exámenes aprobados por la Agencia de Educación de Tejas (TEA) cuando exámenes de escritura de medición de criterios no sean disponibles, y los resultados de la evaluación subjetiva del maestro [TEC, 29.056(g)].

Favor de indicar su autorización para la participación de su hijo/a en el programa bilingüe o la programa de inglés como segundo idioma (ESL) poniendo su firma en el espacio indicado.

_____ Si _____
 Firma de padre/madre/representante legal Fecha

Nota: Por favor regrese esta notificación al maestro/a de su hijo/a.

Si tiene preguntas, llame a nuestra oficina y hable con _____, (teléfono) _____.

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San Benito Consolidated Independent School District

Our district expects all students, including students participating in the Bilingual or English as a second language (ESL) program, to achieve success in meeting the academic standards set by the state. The district's curriculum is the Texas Essential Knowledge and Skills (TEKS).

Teachers in the Bilingual and ESL programs are trained on how to plan instruction for children whose first language is not English. Curriculum and instruction in the bilingual/ESL program will be accomplished through developmentally appropriate materials and instructional strategies designed to accelerate your child's development of English comprehension, communication and academic skills. Instruction may include the use of the child's primary language. In the case of a child with a disability, the ARD Committee in conjunction with the LPAC shall determine appropriate instruction by following the student's Individual Educational Plan (IEP). Your son/daughter is expected to graduate _____.

The transition from the bilingual/ESL program into the regular program is expected to occur within _____ years. Students can exit the program when they meet the following exit criteria set by the state for Bilingual and ESL program students.

1. TEA-approved tests that measure the extent to which the student has
Developed oral and written language proficiency and specific language skills in English.
2. Satisfactory performance on the reading assessment instrument under the
Texas Education Code, §39.023 (a), or an English language arts assessment
instrument administered in English, or a score at or above the 40th percentile
on both the English reading and the English language arts sections of a
TEA-approved norm-referenced assessment instrument for a student who is
enrolled in Grade 1 or 2; and
3. TEA-approved criterion-referenced written tests when available, other TEA-
approved tests when written criterion-referenced test is not available, and the
results of a subjective teacher evaluation [TEC 29.056(g)].

Please indicate your approval for your child's participation in the district's Bilingual or ESL program by entering your signature in the appropriate space.

_____ Yes _____
 Parent/Guardian Signature Date

NOTE: Please return this notice to your son/daughter's teacher.

If you have any questions, please contact _____ at our office at _____.

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Bilingual Education Program Benefits

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Student Name: _____

Dear Parent or Guardian:

There are benefits that will be gained by your son/daughter when he/she participates in a bilingual education program. Because your child hears Spanish at home/or speaks Spanish with other children, he/she would benefit from bilingual education instruction. The bilingual education program provides your child with Spanish instruction by a teacher who also speaks Spanish to make sure that he/she understands what the teacher is saying; therefore, the student achieves his/her own potential.

English is clearly an important language for success. Your child will receive daily instruction in English, and as he/she becomes more able to understand and speak English, more of the teacher's instruction will be in English. The concepts and skills learned in Spanish will transfer to English. Knowledge that your child acquires through learning to read and completing assignments in mathematics, science and other subject areas in Spanish transfers to English as he/she learns to understand and speak English. If a student is also enrolled in a special education program, the teachers collaborate so that instruction is provided according to the student's Individual Education Plan (IEP). ARD Committee in conjunction with LPAC will determine appropriate instruction.

However, if you do not want your child to participate in the Bilingual Education Program, please contact me or your child's teacher to discuss other options for your child to develop English language proficiency.

Sign below only if you have read the information above and do not want your child in a bilingual program.

Thank You,

School Principal _____

I do not want my son/daughter to participate in the Bilingual program. I would like to discuss other options that will address my son/daughter's language/academic needs.

Parent/Guardian Signature

Date

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San Benito Consolidated Independent School District

Beneficios del programa de educación bilingüe

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Nombre del estudiante: _____

Estimado padre o tutor:

Su hijo/hija puede obtener provecho de ciertos beneficios cuando participe en un programa de educación bilingüe. Porque su niño/niña escucha español en el hogar y porque puede hablar español con otros niños, el/ella se beneficiaría con una instrucción bilingüe. El programa de educación bilingüe ofrece instrucción en español a través de maestros que también hablen español para asegurarse de que su niño/niña entienda lo que el maestro dice; por lo cual el estudiante llega a alcanzar su mayor potencial en el estudio.

Claramente, el inglés es un idioma importante para poder triunfar. Por lo que su niño/niña recibirá diariamente clases en inglés. El maestro aumentará la instrucción en inglés conforme su niño/niña puede hablar y entender más este idioma. Los conceptos y destrezas que se aprenden en español, se van a transferir al inglés. Todo el conocimiento que su niño/niña adquiere al aprender a leer, y al completar trabajos y tareas de matemáticas, ciencias, y de otras materias en español, se va a transferir al inglés cuando vaya aprendiendo a entender y a hablar en inglés. Si un estudiante también está inscrito en un programa de educación especial, los maestros colaboran para proveer una instrucción de acuerdo al plan individual de educación (IEP) del estudiante. El comité de ARD trabajará en conjunto con el comité del LPAC para determinar la instrucción apropiada.

Si acaso no desea que su niño/niña participe en el programa de educación bilingüe, por favor póngase en contacto conmigo o con el maestro/maestra de su hijo/hija para hablar sobre otras opciones que ayuden su niño/niña a desarrollar preeficiencia en el idioma inglés.

Firme abajo solo si leyó la información de arriba y si no desea que su niño/niña esté en un programa bilingüe.

Gracias,

Director/a de la escuela _____

No deseo que mi hijo/hija participe en el programa bilingüe. Me gustaría hablar sobre otras opciones que cubran las necesidades académicas y de lenguaje de mi hijo/hija.

Firma del padre/tutor

Fecha

Es norma del distrito escolar de San Benito no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades en los programas educacionales y de carreras y tecnología, tal como lo requieren el Título VI o de la Ley de Derechos Civiles de 1964.



San Benito Consolidated Independent School District

English as a Second Language (ESL) Education Program Benefits

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Student Name: _____

Dear Parent or Guardian:

There are benefits that will be gained by your son/daughter when he/she participates in English as a Second Language (ESL) education program. Because your son/daughter hears a language other than English at home and/or speaks a language other than English with peers, he/she would benefit from intensive English instruction. A teacher in the English as a Second Language (ESL) education program is trained on how to teach the English language using special materials, teaching materials, and is sensitive to the individual needs of a student who is learning English. The teacher in an ESL program collaborates with other teachers who may also have your son/daughter in class. This is necessary so that your son/daughter will meet all of the required state standards expected of all students. If a student is also enrolled in a special education program, the teachers collaborate so that instruction is provided according to the student's Individual Education Plan (IEP). ARD Committee in conjunction with LPAC will determine appropriate instruction.

However, if you do not want your son/daughter to participate in the English as a Second Language (ESL) education program, please contact me or your son/daughter's teacher to discuss other options for the development of English language proficiency.

Sign below only if you have read the information above and do not want your son/daughter in the English as a Second Language (ESL) program.

Thank You,

School Principal _____

I do not want my son/daughter to participate in the ESL program. I would like to discuss other options that will address my son/daughter's language/academic needs.

Parent/Guardian Signature

Date

Relationship to Student

It is the policy of the San Benito CISD not to discriminate on the basis of race, color, national origin, gender, or disability in its educational and Career and Technology programs, activities as required by Title VI or the Civil Rights Act of 1964.



San Benito Consolidated Independent School District Beneficios del programa de educación inglés como segunda lengua (ESL)

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Nombre del estudiante: _____

Estimado padre o tutor:

Su hijo/hija puede obtener provecho de ciertos beneficios cuando participe en un programa de educación de inglés como una segunda lengua (ESL). Porque su niño/niña escucha otro idioma diferente al inglés en el hogar y porque hable un idioma diferente al inglés con otros niños, el/ella se beneficiaría con una instrucción en inglés. El maestro de un programa de educación de inglés como segunda lengua (ESL), está entrenado para enseñar el idioma inglés usando materiales especiales de enseñanza, y además está consciente de las necesidades individuales de un estudiante que está aprendiendo inglés.

El programa de educación bilingüe ofrece instrucción en español a través de maestros que también hablen español para asegurarse de que su niño/niña entienda lo que el maestro dice; por lo cual el estudiante llega a alcanzar su mayor potencial en el estudio. El maestro de un programa de ESL colabora con otros maestros que tengan su hijo/hija en su clase. Esto es necesario para que su hijo/hija cumpla con todos los estándares y requisitos educacionales del estado que se esperan de todos los estudiantes. Si un estudiante también está inscrito en un programa de educación especial, los maestros colaboran para proveer una instrucción de acuerdo al plan individual de educación (IEP) del estudiante. El comité de ARD trabajará en conjunto con el comité del LPAC para determinar la instrucción apropiada.

Si acaso no desea que su niño/niña participe en el programa de educación de inglés como una segunda lengua (ESL), por favor póngase en contacto conmigo o con el maestro/maestra de su hijo/hija para hablar sobre otras opciones que ayuden a su niño/niña a desarrollar proficiencia en el idioma inglés.

Firme abajo solo si leyó la información de arriba y si no desea que su niño/niña esté en un programa de inglés como una segunda lengua (ESL).

Gracias,

Director/a de la escuela _____

No deseo que mi hijo/hija participe en el programa de ESL. Me gustaría hablar sobre otras opciones que cubran las necesidades académicas y de lenguaje de mi hijo/hija.

Firma del padre/tutor

Fecha

Relación con el estudiante

Es norma del distrito escolar de San Benito no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades en los programas educacionales y de carreras y tecnología, tal como lo requieren el Título VI o de la Ley de Derechos Civiles de 1964.



San Benito Consolidated Independent School District Parental Notification and Approval for Exit from Bilingual/ESL Programs

Dear _____,

_____ has met the exit criteria stated in 19 Title Texas Administrative Code Chapter 89 Adaptations for Special Populations; Subchapter BB. Commissioner’s Rules Concerning State Plan for Educating Limited English Proficient Students Section §89.1225.

Please sign and return this letter to approve the placement of _____ in the general education classroom. The student will be monitored for two years based on Texas Education Code §29.063 (c) (4).

If no response is received by _____, an assumption will be made that you approve the exiting and placement of _____ in the general education classroom

Thank You,

San Benito Consolidated Independent School District

I approve the exit and placement of _____ in the general education classroom.

*19 Title Texas Administrative Code Chapter 89 Adaptations for Special Populations; Subchapter BB. Commissioner’s Rules Concerning State Plan for Educating Limited English Proficient Students §89.1240 Parental Authority and Responsibility.

(b) The district shall notify the student’s parent of the student’s reclassification as English proficient and his or her exit from the bilingual education or English as a second language program and acquire approval as required under Texas Education code, §29.056(a). Students meeting exit requirements may continue in the bilingual education classroom or English as a second language program with parental approval but are not eligible for inclusion in the district bilingual education allotment.

It is the policy of the San Benito CISD not to discriminate on the basis of race, color, national origin, gender, or disability in its educational and Career and Technology programs, activities as required by Title VI or the Civil Rights Act of 1964.

Board of Trustees

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President

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Oscar de la Fuente
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Robert Tumberlinson



San Benito Consolidated Independent School District Notificación a los padres y autorización de la salida de los Programas Bilingüe/ESL

Board of Trustees

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President

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Vice President

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Secretary

Oscar de la Fuente
Julian Huerta
Oscar Medrano
Robert Tumberlinson

Estimado _____,

_____ ha cumplido con el criterio de salida que se indica en el Título 19 Código Administrativo de Texas Capítulo 89 Adaptaciones para poblaciones especiales; Subcapítulo BB. Reglas del Comisionado concernientes al plan estatal para la educación de estudiantes con dominio limitado del inglés, Sección §89.1225. Por favor, firme y devuelva esta carta para aprobar la colocación de _____ en el salón de clases de educación general.

Gracias,

San Benito Consolidated Independent School District

Apruebo la salida y la colocación de _____ en el salón de clases de educación general.

* Título 19 del Código Administrativo de Texas Capítulo 89 Adaptaciones para Poblaciones Especiales; Subcapítulo BB. Reglas del Comisionado concernientes al plan estatal para la educación de Estudiantes con dominio limitado del inglés, §89.1240. Autoridad y responsabilidad de los padres.

(b) El Distrito notificará al padre del estudiante de la reclasificación del estudiante como competente en el idioma inglés y su salida del programa de educación bilingüe o inglés como segundo idioma y adquirirá la aprobación como lo exige el Código de Educación de Texas, §29.056(a). Los estudiantes que cumplen con los requisitos de salida pueden continuar en el salón de educación bilingüe o en el programa de inglés como segundo idioma con la aprobación de los padres pero no cumplen con los requisitos para la inclusión en la adjudicación bilingüe del Distrito.

Es norma del distrito escolar de San Benito no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades en los programas educacionales y de carreras y tecnología, tal como lo requieren el Título VI o de la Ley de Derechos Civiles de 1964.



San Benito Consolidated Independent School District

Parental Report on Student Progress
Informe para padres sobre el progreso del estudiante

Bilingual/ESL Program, 19 TAC Chapter 89, Subchapter BB, §89.1260, and PL 107-110 §3302

Programa Bilingüe / Inglés como segundo idioma, 19 TAC Capítulo 89, Subcapítulo BB, §89.1260, y PL 107-110 §3302; Título III, Parte C, Sec. 3302 (a)(c)(d)

To the Parents/ Guardians of: _____ Date/Fecha: _____

State and federal law requires that we inform you of the progress of your son/daughter in the Bilingual or ESL program. We have reviewed the following language and academic data to determine the best placement for your son/daughter.

Las leyes federales y estatales requieren programas educacionales para los estudiantes que no han dominado el uso del inglés. Hemos revisado los resultados de las pruebas del dominio oral y de aprovechamiento académicos de su hijo/a para tomar la mejor decisión sobre la educación futura de su hijo/a.

Texas English Language Proficiency Assessment System (TELPAS) Please check level attained or attach Confidential Student Report.										
B- Beginning I - Intermediate A - Advanced AH – Advanced High										
Protocolo de observaciones (TELPAS) Cheque el nivel obtenido.										
P- Principiante I - Intermedio A - Avanzado AS - Avanzado Superior										
Listening/Habilidad para escuchar	<input type="checkbox"/> B/P	<input type="checkbox"/> I/I	<input type="checkbox"/> A/A	<input type="checkbox"/> AH/AS		Speaking/Habilidad para hablar	<input type="checkbox"/> B/P	<input type="checkbox"/> I/I	<input type="checkbox"/> A/A	<input type="checkbox"/> AH/AS
Writing/Habilidad para escribir	<input type="checkbox"/> B/P	<input type="checkbox"/> I/I	<input type="checkbox"/> A/A	<input type="checkbox"/> AH/AS		Reading/Habilidad para leer	<input type="checkbox"/> B	<input type="checkbox"/> I/I	<input type="checkbox"/> A/A	<input type="checkbox"/> AH/AS

English Oral Language Proficiency test */ Prueba oral de dominio del idioma en inglés ** (OLPT, PK-12)				Spanish Oral Language Proficiency test (OLPT)** Prueba del dominio del idioma en español (OLPT)*			
Date administered: _____	Results: _____	Proficiency: _____		Date administered: _____	Results: _____	Proficiency: _____	
Norm-reference Standardized Achievement test* (Grades 2-12)/ Prueba de medición estandarizada** (Grados 2-12)							
Name of test: _____	Date administered: _____	Results in Reading and Language Arts: _____					
<p align="center">*Required for placement in the Bilingual program **required for placement in the Bilingual and ESL programs Tests taken for placement and reclassification/exit are from the state approved list of tests found on the TEA Bilingual unit website: http://ritter.tea.state.tx.us/curriculum/biling/ListofApprovedTests2010_2011.pdf</p> <p align="center">*requerido para participar en el programa bilingüe **requerido para colocación en los programas bilingües e inglés como segundo idioma. Las pruebas que se toman para participar o salir de estos programas están en la lista de pruebas aprobadas por el estado y se encuentran en el sitio de internet de TEA del programa bilingüe. http://ritter.tea.state.tx.us/curriculum/biling/ListofApprovedTests2010_2011.pdf</p>							

TAKS (Grades 3-12)				
Language of test/Idioma de la prueba	<input type="checkbox"/> English/Ingles	Date : _____		
	<input type="checkbox"/> Spanish/Espanol	Date : _____		
Did the student meet the state standard? /¿Logró el estudiante el estándar estatal?		<input type="checkbox"/> Yes/Si	<input type="checkbox"/> No	
Scale Score/Resultados	Reading _____ Lectura _____	Writing _____ Escritura _____	Mathematics _____ Matemáticas _____	Social Studies _____ Estudios Sociales _____
	Science /Ciencia _____	English Language Arts (ELA) _____/Artes del language en inglés (ELA)		

Additional comments on student’s language acquisition/academic progress-

For students who have not reached Advanced High English proficiency level, the transition from primary language to English will take approximately _____ years. Students can exit the program when they are able to meet the following exit criteria set by the state for bilingual and ESL program students:

- 1) TEA-approved tests that measure the extent to which the student has developed oral and written language proficiency and specific language skills in English;
- 2) Satisfactory performance on the reading assessment instrument under the Texas Education Code, §39.023(a), or an English language arts assessment instrument administered in English, or a score at or above the 40th percentile on both the English reading and English language arts sections of a TEA-approved norm-referenced assessment instrument for a student who is enrolled in Grade 1 or 2; and
- 3) TEA-approved criterion-referenced written tests when available, other TEA-approved tests when written criterion-referenced test is not available, and the results of a subjective teacher evaluation [TEC 29.056(g)]

Comentarios adicionales sobre el progreso del idioma o del progreso académico del estudiante:

Para los estudiantes que no han logrado el nivel Avanzado Superior en el dominio del inglés, la transición del primer idioma al inglés se llevará a cabo dentro de _____ años. Los estudiantes pueden salir del programa cuando hayan cumplido con los requisitos siguientes de salida establecidos por el estado para los estudiantes en los programas bilingües y de inglés como segundo idioma (ESL):

- 1) Exámenes aprobados por la Agencia de Educación de Texas (TEA) que miden el punto que el estudiante ha desarrollado dominio del idioma oral y escrito y habilidades de lenguaje específicas en inglés;
- 2) Desempeño satisfactorio en el instrumento de la evaluación de la lectura bajo la Sección 39.023(a) del Código de Educación de Texas, o un instrumento de evaluación de artes de lenguaje administrado en inglés, o una puntuación de percentil 40 o superior en las ambas secciones de lectura en inglés y de artes del lenguaje en inglés de un instrumento de evaluación de medición aprobada por la Agencia de Educación de Texas (TEA) si el estudiante está matriculado en el primer o segundo grado; y
- 3) Exámenes de escritura de medición de criterios aprobados por la Agencia de Educación de Texas (TEA) cuando sean disponibles, otros exámenes aprobados por la Agencia de Educación de Texas (TEA) cuando exámenes de escritura de medición de criterios no sean disponibles, y los resultados de la evaluación subjetiva del maestro [TEC 29.056(g)].

Consequently, it has been recommended that your son/daughter / Por esta razón, se recomienda que su hijo/a:

- Continue in the Bilingual Program / Continúe en el programa bilingüe
- Continue in the English as a Second Language (ESL) Program / Continúe en el programa de inglés como segundo idioma
- Re-enter into the Bilingual Program / Se necesita firma para volver a participar en el programa bilingüe
- Re-enter into the ESL Program / Se necesita firma para volver a participar en el programa de inglés como segundo idioma
- Exit the Bilingual Program – Exit criteria have been met / Se necesita firma para no participar en el programa bilingüe – el criterio de salida del programa se ha cumplido.
- Exit the ESL Program – Exit criteria have been met. / Se necesita firma para participar en el programa de inglés como segundo idioma – el criterio de salida del programa se ha cumplido.
- Continue monitoring for one additional school year – exited student / Supervise al estudiante por un año adicional – el estudiante ya no participa en el programa
- Monitor for 2 additional school years after exiting to ensure success in school / Supervise al estudiante por el segundo año adicional – después de salir del programa para que tenga éxito en la escuela
- Program denied by parent/guardian; continue monitoring academic progress of student / Programa de instrucción rechazado por el padre/madre/representante legal; continúe supervisando el progreso académico del estudiante
- Provide intensive instructional support [TEC 29.0561(c)] / Provea apoyo intensivo en instrucción [TEC 29.0561(c)]

Parent Signature/Firma del padre: _____ Date/Fecha: _____

If you have any questions regarding this placement decision, please contact:

Si tiene algunas preguntas sobre esta decisión, llame a: _____

Name/Nombre

Telephone #/ Numero de teléfono

Please Sign and Return/Favor de Firmar y regresar la forma con la maestra de su hijo(a)



SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT BILINGUAL EDUCATION

Enrollment Date _____ LPAC Date _____ Placement Date _____	Monitoring of Exited Students Bilingual Education / ESL Program _____ ISD / Charter School	HLS Date: _____ Permission / Denial Date: _____ Exit / Reclassification Date: _____
---	---	--

Student Name: _____	Student ID: _____
DOB: _____	Grade: _____
Campus: _____	

	Reading Scale Score	Writing Scale Score	ELA Scale Score
1 st Year of Monitoring	TAKS Date	TAKS Date	TAKS Date
	Met Standard: Y/N	Met Standard: Y/N	Met Standard: Y/N
2 nd Year of Monitoring	Reading Scale Score	Writing Scale Score	ELA Scale Score
	TAKS Date	TAKS Date	TAKS Date
	Met Standard: Y/N	Met Standard: Y/N	Met Standard: Y/N

	Subject	E.O.Y. Grade	LPAC Signatures
1st Year Monitoring Year:	English/Lang. Arts		_____
	Math		_____
LPAC Recommendations: <input type="checkbox"/> Reclassification/Re-entry (occurs when LPAC determines that student's lack of success is due to cognitive academic language) Continue in regular program <input type="checkbox"/> Additional interventions (cognitive, linguistic, affective):	Science		_____
	Social Studies		_____
	Other Content Area		_____

	Subject	E.O.Y. Grade	LPAC Signatures
2nd Year Monitoring Year:	English/Lang. Arts		_____
	Math		_____
LPAC Recommendations: <input type="checkbox"/> Reclassification/Re-entry (occurs when LPAC determines that student's lack of success is due to cognitive academic language) Continue in regular program <input type="checkbox"/> Additional interventions (cognitive, linguistic, affective):	Science		_____
	Social Studies		_____
	Other Content Area		_____



**Language Proficiency Assessment Committee
(LPAC) Membership Report**

**Documentation Concerning Special Disability and Why the Student does not Benefit from
Linguistic Support (TAC §89.1225(k))**

Campus: _____

Date: _____ 20__ -20__

Student _____

ID: _____ Gr: _____

Date Identified as LEP: _____

Date of Enrollment in US Schools _____

<u>Position</u>	Initials (BOY) Pre-Determined Criteria	<u>Signature</u> EOY Review of Results	<u>Date</u>
Campus Administrator	_____	_____	_____
Bilingual Certified Teacher (Elem.)	_____	_____	_____
Teacher of LEP / Special Ed. Student	_____	_____	_____
Counselor	_____	_____	_____
Other	_____	_____	_____

Comments: The LPAC committee reviewed _____

**Evidence for Exiting / Pre-Determining Criteria
STEP 1**

- In order for _____ to exit from the Bilingual Program he/she must meet the following pre-determined criteria as per ARD and LPAC committee members.
- After reviewing the evidence and concluding that the student no longer benefits from 2nd language acquisition in English (or is expected to reach that point during the school year), the meeting participants reviewed the following criteria:
- Student is severely handicapped and /or non-verbal
- TEJAS LEE (developed)

Discuss TAKS testing expectation as outlined in IEP

- TAKS-ALT (meets passing standards in Reading/Writing) and/or
- TAKS-M (meets passing standards in Reading/Writing) and/or
- TAKS-A (meets passing standards in Reading/Writing) and/or
- TAKS (meets passing standards in Reading/Writing)
- Decision Documented in ARD minutes
- OLPT (fluent in both languages) B, I, A, AH
- TELPAS as outlined in IEP

- Teacher Evaluations (Attach Supporting Documentation)
 - ___ Teacher Checklist
 - ___ Inventories
 - ___ Observations
 - ___ Student Work
 - ___ TELPAS test results
 - ___ TAKS test results

Attach documentation supporting the recommendation to exit the student from the Bilingual / ESL program

TELPAS Listening Expectation	<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> AH
TELPAS Speaking Expectation	<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> AH
TELPAS Reading Expectation	<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> AH
TELPAS Writing Expectation	<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> A	<input type="checkbox"/> AH

STEP 2

End of Year

- Based on the aforementioned reviews, the committee recommends that _____ participate and/or continue in the bilingual program in order to meet his/her language and academic needs.
- Based on all the presented evidence, the ARD and LPAC committee members recommend that upon having met all discussed pre-determined criteria _____ will be reclassified and monitored for 2 consecutive school years.



**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL PROGRAM
Progress Notification for Parents**

Board of Trustees

Yliana G. Rodriguez
President

Hector G. Leal
Vice President

June Aguilera
Secretary

Oscar de la Fuente
Julian Huerta
Oscar Medrano
Robert Tumberlinson

Dear Parent or Guardian:

Your child has been in the San Benito Consolidated Independent School District's Bilingual Education Program. The program uses both English and the home language to teach students.

_____ has progressed well in this program.

His/Her English is now at the level of _____ (Beginner, Intermediate, or Advanced).

If you have any questions, please call me at _____.

Sincerely,

Teacher's Signature

Date

Aviso del progreso del niño a los padres

Estimado padre de familia o tutor:

Su hijo(a) ha participado en el programa bilingüe en el distrito escolar de San Benito. Este programa usa el inglés y el español para la instrucción de los niños.

_____ ha avanzado muy bien en este programa. Su

hijo/hija ha aprendido el inglés y esta en el nivel de _____ (principiante, intermedio, avanzado).

Si tiene alguna pregunta sobre esta decision, favor de llamar el teléfono _____.

Sinceramente,

Firma de la maestro/a

Fecha

It is the policy of the San Benito CISD not to discriminate on the basis of race, color, national origin, gender, or disability in its educational and Career and Technology programs, activities as required by Title VI or the Civil Rights Act of 1964.



**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL EDUCATION**

**Language Proficiency Assessment Committee
(LPAC) Minutes**

Initial Meeting and Updates

Board of Trustees

Yliana G. Rodriguez
President

Hector G. Leal
Vice President

June Aguilera
Secretary

Oscar de la Fuente
Julian Huerta
Oscar Medrano
Robert Tumberlinson

The _____ Campus Language Proficiency

Assessment Committee (LPAC) met on _____, at

_____ for student Classification/Reclassification purposes.

The following action was taken:

Of the (#) _____ new students requiring LPAC review* upon initial enrollment or first time entry:

(#) _____ were classified as LEP and recommended for placement in Bilingual Education Prekinder-5th or ESL 6th – 12th grades.

(#) _____ were classified as English Proficient and recommended for placement in the all English Curriculum.

Campus Administrator

Bilingual Teacher

Language Teacher

Parent

Other

* Home Language Survey and Language Assessment completed.
Please send a completed copy to the Bilingual department.



**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL EDUCATION**

Language Proficiency Assessment Committee (LPAC) Minutes

Spring Review

Board of Trustees

Yliana G. Rodriguez
President

Hector G. Leal
Vice President

June Aguilera
Secretary

Oscar de la Fuente
Julian Huerta
Oscar Medrano
Robert Tumberlinson

The _____ Campus Language Proficiency Assessment
Committee (LPAC) met on _____, at _____ for
student classification/reclassification purposes.

The following action was undertaken:

Of the _____ students reviewed near the end of the school year:

_____ were still classified as LEP.

_____ were reclassified as English Proficient, Non-LEP and
recommended for exiting placement in the all English curriculum with
number(s) and grade level distribution as follows:

grade _____ - _____

grade _____ - _____

grade _____ - _____

grade _____ - _____

grade _____ - _____

grade _____ - _____

_____ were reclassified as LEP and recommended for re-enrollment in the
Bilingual Education/ESL Program as per Section 77.356 (i).

Additional Notes: _____

Campus Administrator

Bilingual Teacher

Language Teacher

Parent

Other

Please send this completed form to the Bilingual Department.



Evidence of Inadequate Foundation of Learning
Upon Initial Enrollment in U.S. Schools
Categories 1 & 2 Step 1

Board of Trustees

Yliana G. Rodriguez
President

Hector G. Leal
Vice President

June Aguilera
Secretary

Oscar de la Fuente
Julian Huerta
Oscar Medrano
Robert Tumberlinson

Campus: _____ District: SBCISD School Year: 20 - 20

Student Name: _____ Initial Date of U.S. Schools: _____

Student ID: _____ Date Identified as LEP: _____

Place a check next to the assessment(s) used to determine the student's inadequate foundation of learning outside the U.S. Keep this form and the complete report of the student's test results in the student's permanent record file.

State – Developed or State – Approved Assessments

Assessment(s) from the state approved list of tests for students in bilingual and ESL programs, as specified:

Released TAKS test (specify year of test, test, English/Spanish, grade and subject)

Released TELPAS reading test (specify grade and proficiency rating)

TPRI

Tejas Lee

Other Diagnostic or Informal Assessments

Diagnostic assessment of TEKS skills (specify subject and grade level(s))

Teacher checklist or inventory of TEKS skills (specify subject area and grade level(s))

Teacher observation (attach supporting documentation)

Other (specify)

Signature of LPAC member/designee _____

Date: _____



Instructional Interventions for Students Who Entered U.S. Schools with an Inadequate Foundation of Learning Categories 1 & 2 Step 2

_____ has been found to have an inadequate foundation of learning in certain skills required by the TEKS curriculum at the grade level of enrollment. Listed below are the linguistic and/or academic skills from previous grades that need to be strengthened.

Linguistic	Academic

Strengths and Interests

_____ has shown the following academic strengths and/or special interests which may be of help to those who plan for or deliver the accelerated instruction.

Description of Instructional Interventions The following ongoing linguistic accommodations and other instructional interventions are being implemented to target the student's educational needs and accelerate progress:

Linguistic Interventions	Academic Skill Interventions
Linguistic Accommodations	

Signature of LPAC member/designee _____ Date: _____

Review of Instructional Interventions

The space below may be used to review the instructional interventions and modify them as needed based on student progress. It is recommended that the LPAC review the instructional interventions at least once in the fall semester and once in the spring semester prior to the state assessments.

Review 1 (Fall Review) See Attached

Signature of LPAC member/designee _____ Date: _____

Review 2 (Spring Review) See Attached

Signature of LPAC member/designee _____ Date: _____

Board of Trustees

Yliana G. Rodriguez
President

Hector G. Leal
Vice President

June Aguilera
Secretary

Oscar de la Fuente
Julian Huerta
Oscar Medrano
Robert Tumberlinson



San Benito Consolidated Independent School District

Documentation of Insufficient Progress by Spring of Year

Campus: _____ District: SBCISD School Year: 20 - 20

Students in Category 1 in First, Second, or Third School Year of Enrollment in U.S.

This form may be used to document the need to exempt an ELL in category 1 who has met all other state-required exemption criteria. This form should be completed by the classroom teacher in the subject assessed, as well as the ESL teacher if other than the classroom teacher.

Students in category 1 include immigrant ELLs in Spanish bilingual education programs in grades 3-6 (for whom state assessments exist in both English and Spanish).

Student Name: _____ Gr. of Enrollment _____
TAKS Subject Area(s) _____

This student is not progressing satisfactorily in the TEKS required at his or her grade level of enrollment in either English or Spanish. This judgment is based on the following (check one or more if applicable):

- Review of student's general classroom performance and/or grades
- Ongoing informal assessments (for example, checklists, inventories) used to identify the level of academic skills required by the TEKS at this grade level.

For the mathematics, reading/ELA, or science portions of the state assessment in LAT grades, record the linguistic accommodations to be used in LAT administrations (Check all that apply).

Mathematics and Science:	Reading/ELA:
<input type="checkbox"/> Linguistic Simplification	<input type="checkbox"/> Bilingual Dictionary
<input type="checkbox"/> Oral Translation	<input type="checkbox"/> English Dictionary
<input type="checkbox"/> Reading Assistance	<input type="checkbox"/> Reading Aloud—Word or Phrase
<input type="checkbox"/> Bilingual Dictionary	<input type="checkbox"/> Reading Aloud—Entire Test Item
<input type="checkbox"/> Bilingual Glossary	<input type="checkbox"/> Oral Translation—Word or Phrase
<input type="checkbox"/> English and Spanish Tests Side by Side (Grades 3–6)	<input type="checkbox"/> Clarification—Word or Phrase

Teacher Signature(s) _____ Date _____

Signature of LPAC member/designee

Date:

Board of Trustees

Yliana G. Rodriguez
President

Hector G. Leal
Vice President

June Aguilera
Secretary

Oscar de la Fuente
Julian Huerta
Oscar Medrano
Robert Tumberlinson



**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL EDUCATION**

Category 2 – Step 3

Board of Trustees

Documentation of Insufficient Progress by Spring of Year

Yliana G. Rodriguez
President

Campus: _____

Hector G. Leal
Vice President

School Year: _____

June Aguilera
Secretary

Students in Category 2 in Second or Third School Year of Enrollment U.S.

This form may be used to document the need to exempt a LEP student who has met all other state-required exemption criteria. This form should be completed by the classroom teacher in the subject assessed as well as the ESL teacher if other than the classroom teacher.

Oscar de la Fuente
Julian Huerta
Oscar Medrano
Robert Tumberlinson

(Students in Category 2 include Immigrant LEP students in Grades 3-10 in ESL programs and non-Spanish Bilingual Education Programs)

Student Name: _____

Grade of Enrollment: _____

TAKS Subject Area(s): _____

This student lacks the academic language proficiency in English necessary for TAKS to provide a valid and reliable measure of the student’s academic skills. This judgment is based on observation of the difficulty the student has with the English used in class, in texts, and on tests.

Teacher Signature(s): _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Signature of LPAC member/designee _____

Date: _____



**San Benito Consolidated Independent School District
Bilingual Education
Documentation of Sufficient/Insufficient Schooling Outside U.S.**

Name of Child: _____

Campus: _____

To Be Filled In by Parent or Guardian:

(1) Has your child lived outside the U.S. for two or more consecutive years?
_____ Yes _____ No

(2) When your child lived outside the U.S., did he/she attend school regularly?
_____ Yes, my child attended school regularly in all previous grades outside the U.S.

_____ No, my child missed significant portions of one or more school years.

Signature of Parent of Legal Guardian

Date

**Documentación de suficiente/insuficiente asistencia a la escuela fuera
de los Estados Unidos**

Nombre del Niño(a): _____

Escuela: _____

Debe de contestar el padre o tutor:

(1) ¿Ha vivido su hijo fuera de los Estados Unidos por dos o más años consecutivos?
_____ Sí _____ No

(2) Cuando su hijo vivía fuera de los estados Unidos, ¿asistió con regularidad a la escuela?
(Marque una de las siguientes opciones.)

_____ Sí, mi hijo(a) asistió con regularidad a la escuela fuera de los Estados Unidos y
terminó sus grados escolares anteriores.

_____ No, mi hijo(a) perdió una gran parte de uno o más años escolares.

Firma del Padre o Tutor

Fecha

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SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Linguistic/Academic Information for LPAC Forms

Campus: _____

Student: _____

ID#: _____

<p style="text-align: center;">Linguistic Skills Needed</p> <p><input type="checkbox"/> Articulation Speech Production</p> <p><input type="checkbox"/> Pragmatics-study of meaning of context</p> <p><input type="checkbox"/> Semantics-study of meaning</p> <p><input type="checkbox"/> Phonology-study of sound</p> <p><input type="checkbox"/> Patterns of Language</p> <p><input type="checkbox"/> Phonemic Awareness</p> <p><input type="checkbox"/> Syntax – study of sentence structure</p>	<p style="text-align: center;">Linguistic Interventions</p> <p><input type="checkbox"/> Phonics Program</p> <p><input type="checkbox"/> Jazz Chants</p> <p><input type="checkbox"/> Intro English (oral) language program</p> <p><input type="checkbox"/> Multicultural Literature</p> <p><input type="checkbox"/> ESL Strategies</p> <p><input type="checkbox"/> Dramatization</p> <p><input type="checkbox"/> Free Reading</p> <p><input type="checkbox"/> Bilingual Strategies</p>
<p style="text-align: center;">Academic Skills Needed</p> <p><input type="checkbox"/> Reading Comprehension</p> <p><input type="checkbox"/> Fluency</p> <p><input type="checkbox"/> Vocabulary Development</p> <p><input type="checkbox"/> Speech</p> <p><input type="checkbox"/> Inference</p> <p><input type="checkbox"/> Generalizations</p> <p><input type="checkbox"/> Drawing Conclusions</p> <p><input type="checkbox"/> Written Composition</p>	<p style="text-align: center;">Academic Interventions</p> <p><input type="checkbox"/> Bilingual Strategies</p> <p><input type="checkbox"/> ESL Strategies</p> <p><input type="checkbox"/> Repeated Reading</p> <p><input type="checkbox"/> Choral Reading</p> <p><input type="checkbox"/> Tutoring (ESL)</p> <p><input type="checkbox"/> CEI – Reading Program</p> <p><input type="checkbox"/> Open Book Tech. (Reading Pro.)</p> <p><input type="checkbox"/> Computer Lab</p> <p><input type="checkbox"/> Free Reading</p>



San Benito Consolidated Independent School District

Bilingual / E.S.L. Non-Compliance Issues Folder Review

Student Name

ID #

Date

Concerns: Student was exited from Bilingual Program in the 20 - 20 school year without pre-setting criteria and/or using mandated criteria. The student was not in the Bilingual Program due to parent denial of Bilingual Services. Student should have had a pre-set criteria to be removed from the LEP status.

Corrective Action: The campus and district ensure that this procedure will not be repeated. In addition, the campus and district will follow guidelines from the Bilingual / Special Education procedures provided by the Texas Education Agency.

Brief ARD / LPAC Representation

Administrator

General Education Teacher

Diagnostician

L.P.A.C. Representative

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**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL EDUCATION
Language Proficiency Assessment Committee Reclassification Form**

A. Student's Name _____ ID# _____ DOB _____

Data Reviewed: Check

H.L.S.: English _____ Other (Specify) _____ Date: _____

IPT Results: English Level: _____ Spanish Level: _____
Date: _____ Date: _____

Achievement Scores: Reading: _____ Language: _____ Date: _____
English TAKS Master: (Check)

Math _____ Reading _____ Writing _____
Yes No Yes No Yes No

Other date reviewed: _____

B. Student Reclassification: Recommendation for Placement (Check one)

Non-LEP Date: _____ Gr: _____

LEP Date: _____ Gr: _____

Bilingual Program Date: _____ Gr: _____

Regular Program Compensatory Program

ESL (7-12)

Comments/Reason(s) for re-entry _____

C. Committee Member's Signature's

Campus Administrator Date

Bilingual Teacher Date

Language Teacher Date

Parent Date

D. Two Year Follow-up: (Student Continues as):

Achievement Test Scores:

TAKS Mastery (check)

Reading Language Math Reading Writing

Non-LEP _____
Date LPAC In. End of Yr. Gr.
Non-LEP _____



San Benito Consolidated Independent School District

Dear Parents or Guardian,

Your child is eligible to participate in the San Benito Consolidated Independent School District's Title III: Language Instruction for Limited English Proficient and Immigrant Students' tutorial program.

The purpose of this program is to provide students with opportunities to receive high-quality instruction, enhance English language skills, and meet the same challenging content and performance standards that are expected of all Texas students.

We recommend that your child take advantage of this opportunity to receive additional help and preparation in the areas of _____ and _____.
Subject Subject

Class will be held on _____ from _____ (a.m./p.m. to _____ (a.m./p.m.).

Beginning on _____ and ending on _____.
DATE DATE

TITLE III EXTENDED DAY / WEEK TUTORIAL PROGRAM

Campus: _____ Date: _____

Student Name: _____ Grade/Course: _____

Teacher: _____ Room #: _____

PLEASE CHECK ONE:

_____ Yes, my child will attend the tutorial classes.

_____ No, my child will be unable to attend the tutorial classes and I will take full responsibility for his/her academic progress.

Parent or Guardian's Signature

Date

It is the policy of the San Benito CISD not to discriminate on the basis of race, color, national origin, gender, or disability in its educational and Career and Technology programs, activities as required by Title VI or the Civil Rights Act of 1964.

Board of Trustees

Yliana G. Rodriguez
President

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June Aguilera
Secretary

Oscar de la Fuente
Julian Huerta
Oscar Medrano
Robert Tumberlinson



San Benito Consolidated Independent School District

Fecha de Envío _____

Estimados Padres de Familia o Tutor,

Su hijo(a) es elegible para participar en el programa del Título III: Instrucción del idioma para Estudiantes Limitados en Inglés é Inmigrantes del Distrito Escolar Independiente de San Benito.

El propósito de este programa es para proveer oportunidades a los estudiantes con instrucción de alta calidad, el desarrollo del language en Inglés, y la preparación en los estudios académicos requeridos de todos los estudiantes del estado de Tejas.

Recomendamos que su hijo(a) aproveche de esta oportunidad para recibir ayuda y preparación adicional en el area(s) _____ y _____.
(TEMA) (TEMA)

Las clases se llevarán acabo los _____ de _____ (a.m./p.m.)
(Día o días de la semana)
a _____ (a.m./p.m.).

Empezando el _____ y se terminarán el _____.
FECHA FECHA

Favor de completar y devolver la siguiente parte de esta forma al maestro(a) de su hijo (a)

TÍTULO III: PROGRAMA DE PREPARACIÓN ACADÉMICA

Extensión de Día/Semana

Escuela: _____ Fecha: _____

Nombre de Alumno: _____ Grado/Curso: _____

Maestro(a): _____ Numero de Aula #: _____

FAVOR DE MARCAR UNO:

_____ Si, mi hijo(a) asistirá las clases de Título III.

_____ No, mi hijo(a) no asistirá las clases de Título III y sere responsable de su progreso académico.

Firma del Padre de Familia o Tutor Fecha

Es norma del distrito escolar de San Benito no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades en los programas educacionales y de carreras y tecnologia, tal como lo requieren el Título VI o de la Ley de Derechos Civiles de 1964.

Board of Trustees

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Oscar Medrano
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SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL/ESL PROGRAM EVALUATION REPORT
ELEMENTARY FORM

Date: _____ Campus _____ Principal: _____ Person Preparing Report: _____

	PK	K	1 st	2 nd	3 rd	4 th	5 th
# LEP							
# Denials							
# All New Assessed: (Required for Title III)							
# Monitored							
# Monitored YEAR 1							
# Monitored YEAR 2							
# Exited							
# Special Ed.							
# Special Ed. Retained							
# LEP Retained							
# Recommended for Intervention							
OLPT							
# OLPT Beginner (including Sp. Ed.)							
# OLPT Intermediate (including Sp. Ed.)							
# OLPT Advanced (including Sp. Ed.)							
# OLPT Advanced High (including Sp. Ed.)							
# OLPT LEP Denials: Beginner							
# OLPT LEP Denials: Intermediate							
# OLPT LEP Denials: Advanced							
# OLPT LEP Denials: Advanced High							
# OLPT LEP Denials: Exited							
Total OLPT							
TELPAS – READING							
# Beginner							
# Intermediate							
# Advanced							
# Advanced High							

NORM-REFERENCED TEST – SAT 10 STANFORD ACHIEVEMENT TEST				
	K	1 st	2 nd	TOTALS
ENGLISH SAT 10				
# LEP Tested with SAT 10 Reading English				
# LEP Tested with SAT 10 English Language Arts				
# LEP Scoring above 40 th Percentile in both English Reading and Language Arts				
SPANISH SAT 10				
#LEP Tested with SAT 10 Reading Spanish				
# LEP Tested with SAT 10 Spanish Language Arts				
# LEP Scoring above 40 th Percentile in both Spanish Reading & Language Arts				
#FES SCORING 40th % or above				
# FES Scoring 40 th %tile or above in SAT 10 English Reading and Lang. Arts				
# FES Scoring 40 th %tile or above in SAT 10 Spanish Reading and Lang. Arts				



SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
 BILINGUAL/ESL PROGRAM EVALUATION REPORT
 ELEMENTARY FORM

Date: _____ Campus _____ Principal: _____ Person Preparing Report: _____

ENGLISH TAKS	3 rd			4 th			5 th		
	Mastery	Non Mastery	LAT Exemptions	Mastery	Non Mastery	LAT Exemptions	Mastery	Non Mastery	LAT Exemptions
# Reading									
# Math									
# Writing									
# Science									
SPANISH TAKS									
# Reading									
# Math									
# Writing									
# Science									
TAKS - M									
# Reading									
# Math									
# Writing									
# Science									
TAKS - ALT									
# Reading									
# Math									
# Writing									
# Science									

LPAC is required to gather and review all pertinent information on **ALL** students for whom the Home Language Survey indicates a language other than English-This information includes all **new** students who were tested for Oral Language Proficiency (Pre-IPT/IPT) due to the fact that a language other than English was indicated as being spoken in the home on the Home Language Survey, **regardless of the fact that the student tested FES on the OLPT.**



SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
 BILINGUAL/ESL PROGRAM EVALUATION REPORT
 ELEMENTARY FORM

Date: _____ Campus _____ Principal: _____ Person Preparing Report: _____

List Staff Development pertinent to Bilingual/ESL personnel on your campus attended, include LPAC trainings for Beginning of the Year (BOY), & the trainings taking place at your campus - Middle of the Year (MOY) and End of the Year (EOY).

DATE	TRAININGS AND WORKSHOPS	FREQUENCY	SCOPE (hrs.) DAYS	# TRAINED			
				Adm.	Teachers	Aides	Parents

List any SUPPLEMENTAL materials, software programs, etc. being utilized in the Bilingual/ESL Program at your campus:

NAME AND PUBLISHER	NAME AND PUBLISHER



SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
 BILINGUAL/ESL PROGRAM EVALUATION REPORT
 MIDDLE SCHOOL FORM

Date: _____ Campus _____ Principal: _____ Person Preparing Report: _____

	6 th	7 th	8 th							
# LEP										
# Denials										
# All New Assessed: (Required for Title III)										
# Monitored										
# Monitored YEAR 1										
# Monitored YEAR 2										
# Exited										
# Special Ed.										
# Special Ed. Retained										
# LEP Retained										
# Recommended for Intervention										
IPT										
	6 th	7 th	8 th							
# IPT Beginner (including Sp. Ed.)										
# IPT Intermediate (including Sp. Ed.)										
# IPT Advanced (including Sp. Ed.)										
# IPT Advanced High (including Sp. Ed.)										
# IPT LEP Denials: Beginner										
# IPT LEP Denials: Intermediate										
# IPT LEP Denials: Advanced										
# IPT LEP Denials: Advanced High										
# IPT LEP Denials: Exited										
Total IPT										
TELPAS - READING										
	6 th	7 th	8 th							
# Beginner										
# Intermediate										
# Advanced										
# Advanced High										

*LPAC is required to gather and review all pertinent information on ALL students for whom the Home Language Survey indicates a language other than English-This information includes all new students who were tested for Oral Language Proficiency (Pre-IPT/IPT) due to the fact that a language other than English was indicated as being spoken in the home on the Home Language Survey, **regardless of the fact that the student tested FES on the OLPT.**



SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
 BILINGUAL/ESL PROGRAM EVALUATION REPORT
 MIDDLE SCHOOL FORM

Date: _____ Campus _____ Principal: _____ Person Preparing Report: _____

	6 th		7 th		8 th	
ENGLISH TAKS	# Mastery	# Non Mastery	# Mastery	# Non Mastery	# Mastery	#Non Mastery
# Reading						
# Math						
# Writing						
# Science						
SPANISH TAKS						
# Reading						
# Math						
# Writing						
# Science						
TAKS - M						
# Reading						
# Math						
# Writing						
# Science						
TAKS - ALT						
# Reading						
# Math						
# Writing						
# Science						
LAT						
# Math						
# Reading						
# Science						
LEP EXEMPTIONS						
#Math						
#Reading						
#Social Studies						
#Science						
#Writing						



SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
 BILINGUAL/ESL PROGRAM EVALUATION REPORT
 HIGH SCHOOL FORM

Date: _____ Campus _____ Principal: _____ Person Preparing Report: _____

	9 th	10 th	11 th	12 th						
# LEP										
# Denials										
# All New Assessed: (Required for Title III)										
# Monitored										
# Monitored YEAR 1										
# Monitored YEAR 2										
# Exited										
# Special Ed.										
# Special Ed. Retained										
# LEP Retained										
# Recommended for Intervention										
IPT										
	9 th	10 th	11 th	12 th						
# IPT Beginner (including Sp. Ed.)										
# IPT Intermediate (including Sp. Ed.)										
# IPT Advanced (including Sp. Ed.)										
# IPT Advanced High (including Sp. Ed.)										
# IPT LEP Denials: Beginner										
# IPT LEP Denials: Intermediate										
# IPT LEP Denials: Advanced										
# IPT LEP Denials: Advanced High										
# IPT LEP Denials: Exited										
Total IPT										
TELPAS - READING										
	9 th	10 th	11 th	12 th						
# Beginner										
# Intermediate										
# Advanced										
# Advanced High										

*LPAC is required to gather and review all pertinent information on ALL students for whom the Home Language Survey indicates a language other than English-This information includes all new students who were tested for Oral Language Proficiency (Pre-IPT/IPT) due to the fact that a language other than English was indicated as being spoken in the home on the Home Language Survey, **regardless of the fact that the student tested FES on the OLPT.**



**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL/ESL PROGRAM EVALUATION REPORT
HIGH SCHOOL FORM**

Date: _____ Campus _____ Principal: _____ Person Preparing Report: _____

	9 th		10 th		11 th		12 th	
ENGLISH TAKS	# Mastery	# Non Mastery	# Mastery	# Non Mastery	# Mastery	#Non Mastery	# Mastery	#Non Mastery
# Reading								
# Math								
# Writing								
# Science								
SPANISH TAKS								
# Reading								
# Math								
# Writing								
# Science								
TAKS - M								
# Reading								
# Math								
# Writing								
# Science								
TAKS - ALT								
# Reading								
# Math								
# Writing								
# Science								
LAT								
# Math								
# Reading								
# Science								
LEP EXEMPTIONS								
#Math								
#Reading								
#Social Studies								
#Science								
#Writing								



Limited English Proficient (LEP) Student

Cumulative Folder Documentation Checklist

Student Name: _____ Date of Birth: _____

Initial Documentation

√	Form	Date
<input type="checkbox"/>	Home Language Survey	
<input type="checkbox"/>	Oral Language Proficiency Test (OLPT) English	
<input type="checkbox"/>	Oral Language Proficiency Test (OLPT) Spanish	
<input type="checkbox"/>	LPAC Initial Placement/Recommendation	
<input type="checkbox"/>	Notification of Placement	
<input type="checkbox"/>	Parent Permission (same date as program placement)	
<input type="checkbox"/>	Parent Denial	

Annual Documentation

√	Documentation	Date	Date	Date	Date
<input type="checkbox"/>	Oral Language Proficiency Test (OLPT) English				
<input type="checkbox"/>	Norm-Referenced Standardized Achievement Test(s)				
<input type="checkbox"/>	TAKS Results				
<input type="checkbox"/>	TELPAS Individual Student Profile				
<input type="checkbox"/>	Other (district policy)				
<input type="checkbox"/>	Notification of Exit				
<input type="checkbox"/>	Parent Permission				



**San Benito Consolidated Independent School District
GRADES 2nd -12th**

Name: _____ **ID#:** _____ **Campus:** _____ **Exit**
Date: _____
Number of Years in a Bilingual Program: _____ **Number of Years in an ESL Program:** _____ **Grade:** _____

GRADES PER SIX WEEKS

Date of Review							
SUBJECT	1 st Six Weeks	2 nd Six Weeks	3 rd Six Weeks	4 th Six Weeks	5 th Six Weeks	6 th Six Weeks	Final Grade
Eng.Lang. Arts							
Math							
Science							
Social Studies							
Disciplinary Action							
LPAC Recommendation							

LPAC RECOMMENDATIONS **1. Reclassification/Re-entry (occurs when LPAC determines that students lack of success is due to language)**
2. Continue in regular program with interventions: (cognitive, linguistic, affective)

ASSESSMENTS

Date of Review							
SUBJECT	1 st Six Weeks	2 nd Six Weeks	3 rd Six Weeks	4 th Six Weeks	5 th Six Weeks	6 th Six Weeks	Final Grade
Eng.Lang. Arts							
Math							
Science							
Social Studies							
Disciplinary Action							
LPAC Recommendation							

DATE & LPAC ADMINISTRATOR/DESIGNEE SIGNATURE

	Date of Review	Administrator/Designee		Date of Review	Administrator/Designee
1 st Six Weeks			5 th Six Weeks		
2 nd Six Weeks			6 th Six Weeks		
3 rd Six Weeks			End of Year		
4 th Six Weeks					



Bilingual Education Program Benefits

Student Name: _____

Dear Parent or Guardian:

There are benefits that will be gained by your son/daughter when he/she participates in a bilingual education program. Because your child hears Spanish at home and/or speaks Spanish with other children, he/she would benefit from bilingual instruction. The bilingual education program provides your child with Spanish instruction by a teacher who also speaks Spanish to make sure that he/she understands what the teacher is saying; therefore, the student achieves his/her own potential.

English is clearly an important language for success. Your child will receive daily instruction in English, and as he/she becomes more able to understand and speak English, more of the teacher's instruction will be in English. The concepts and skills learned in Spanish will transfer to English. Knowledge that your child acquires through learning to read and completing assignments in mathematics, science and other subject areas in Spanish transfers to English as he/she learns to understand and speak English. If a student is also enrolled in a special education program, the teachers collaborate so that instruction is provided according to the student's Individual Education Plan (IEP). ARD Committee in conjunction with LPAC will determine appropriate instruction.

However, if you do not want your child to participate in the Bilingual Education Program, please contact me or your child's teacher to discuss other options for your child to develop English language proficiency.

Sign below only if you have read the information above and do not want your child in a bilingual program.

Thank you,

School Principal _____

I do not want my son/daughter to participate in the Bilingual program. I would like to discuss other options that will address my son/daughter's language/academic needs.

Parent/ Guardian Signature

Date

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Beneficios del programa de educación bilingüe

Nombre del Estudiante: _____

Estimado padre o tutor:

Su hijo/hija puede obtener provecho de ciertos beneficios cuando participe en un programa de educación bilingüe. Porque su niño/niña escucha español en el hogar y porque puede hablar español con otros niños, el/ella se beneficiaría con una instrucción bilingüe. El programa de educación bilingüe ofrece instrucción en español a través de maestros que también hablen español para asegurarse de que su niño/niña entienda lo que el maestro dice; por lo cual el estudiante llega a alcanzar su mayor potencial en el estudio.

Claramente, el inglés es un idioma importante para poder triunfar. Por lo que su niño/niña recibirá diariamente clases en inglés. El maestro aumentará la instrucción en inglés conforme su niño/niña pueda hablar y entender más este idioma. Los conceptos y destrezas que se aprenden en español, se van a transferir al inglés. Todo el conocimiento que su niño/niña adquiere al aprender a leer, y al completar trabajos y tareas de matemáticas, ciencias, y de otras materias en español, se va a transferir al inglés cuando vaya aprendiendo a entender y a hablar en inglés. Si un estudiante también está inscrito en un programa de educación especial, los maestros colaboran para proveer una instrucción de acuerdo al plan individual de educación (IEP) del estudiante. El comité de ARD trabajará en conjunto con el comité del LPAC para determinar la instrucción apropiada.

Si acaso no desea que su niño/niña participe en el programa de educación bilingüe, por favor póngase en contacto conmigo o con el maestro/maestra de su hijo/hija para hablar sobre otras opciones que ayuden a su niño/niña a desarrollar proficiencia en el idioma inglés. Firme abajo solo si leyó la información de arriba y si no desea que su niño/niña esté en un programa bilingüe.

Gracias,

Director/a de la escuela _____

No deseo que mi hijo/hija participe en el programa bilingüe. Me gustaría hablar sobre otras opciones que cubran las necesidades académicas y de lenguaje de mi hijo/hija.

Firma del Padre/Guardiante

Fecha

Es norma del distrito escolar de San Benito no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades en los programas educacionales y de carreras y tecnología, tal como lo requieren el Título VI o de la Ley de Derechos Civiles de 1964.



English as a Second Language (ESL) Education Program Benefits

Student Name: _____

Dear Parent or Guardian:

There are benefits that will be gained by your son/daughter when he/she participates in English as a Second Language (ESL) education program. Because your son/daughter hears a language other than English at home and/or speaks a language other than English with peers, he/she would benefit from intensive English instruction. A teacher in the English as a Second Language (ESL) education program is trained on how to teach the English language using special materials, teaching materials, and is sensitive to the individual needs of a student who is learning English. The teacher in an ESL program collaborates with other teachers who may also have your son/daughter in class. This is necessary so that your son/daughter will meet all of the required state standards expected of all students. If a student is also enrolled in a special education program, the teachers collaborate so that instruction is provided according to the student's Individual Education Plan (IEP). ARD Committee in conjunction with LPAC will determine appropriate instruction.

However, if you do not want your son/daughter to participate in the English as a Second Language (ESL) education program, please contact me or your son/daughter's teacher to discuss other options for the development of English language proficiency.

Sign below only if you have read the information above and do not want your son/daughter in the English as a Second Language (ESL) program.

Thank you,

School Principal

I do not want my son/daughter to participate in the ESL program. I would like to discuss other options that will address my son/daughter's language/academic needs.

Parent/ Guardian Signature

Relationship to student

Date

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Beneficios del programa de educación de inglés como segunda lengua (ESL):

Nombre del estudiante: _____

Estimado padre o tutor:

Su hijo/hija puede obtener provecho de ciertos beneficios cuando participe en un programa de educación de inglés como una segunda lengua (ESL). Porque su niño/niña escucha otro idioma diferente al inglés en el hogar y porque habla un idioma diferente al inglés con otros niños, el/ella se beneficiaría con una instrucción intensiva en inglés. El maestro de un programa de educación de inglés como segunda lengua (ESL), está entrenado para enseñar el idioma inglés usando materiales especiales de enseñanza, y además está consciente de las necesidades individuales de un estudiante que está aprendiendo inglés.

El programa de educación bilingüe ofrece instrucción en español a través de maestros que también hablen español para asegurarse de que su niño/niña entienda lo que el maestro dice; por lo cual el estudiante llega a alcanzar su mayor potencial en el estudio. El maestro de un programa de ESL colabora con otros maestros que tengan su hijo/hija en su clase. Esto es necesario para que su hijo/hija cumpla con todos los estándares y requisitos educacionales del estado que se esperan de todos los estudiantes. Si un estudiante también está inscrito en un programa de educación especial, los maestros colaboran para proveer una instrucción de acuerdo al plan individual de educación (IEP) del estudiante. El comité de ARD trabajará en conjunto con el comité del LPAC para determinar la instrucción apropiada.

Si acaso no desea que su niño/niña participe en el programa de educación de inglés como una segunda lengua (ESL), por favor póngase en contacto conmigo o con el maestro/maestra de su hijo/hija para hablar sobre otras opciones que ayuden a su niño/niña a desarrollar proficiencia en el idioma inglés.

Firme abajo solo si leyó la información de arriba y si no desea que su niño/niña esté en un programa de inglés como una segunda lengua (ESL).

Gracias,

Director/a de la escuela

No deseo que mi hijo/hija participe en el programa de ESL. Me gustaría hablar sobre otras opciones que cubran las necesidades académicas y de lenguaje de mi hijo/hija.

Firma del Padre/Guardiante

Relación con el estudiante

Fecha

Es norma del distrito escolar de San Benito no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades en los programas educacionales y de carreras y tecnología, tal como lo requieren el Título VI o de la Ley de Derechos Civiles de 1964.

**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL EDUCATION**



Home Language Survey

Name of Child: _____

Campus: _____ Grade: _____

To be completed by Parent or Guardian:

1. What language is spoken in your home most of the time? _____
2. What language does your child speak most of the time? _____
3. How long has your child lived in the U.S.? _____
4. Did your child attend school before coming to the U.S.? _____
If so, how many years? _____

Signature of Parent or Guardian
(or student in grades 9-12)

Date

Encuesta de Idioma Hogareño

Nombre del niño(a) _____

Escuela: _____ Grado: _____

Debe completarse Por el Padre O Guardian:

1. ¿Cuál es el idioma que se habla en su hogar? _____
2. ¿Cuál es el idioma que más habla su niño? _____
3. ¿Cuánto tiempo ha vivido en los Estados Unidos su hijo? _____
4. ¿Asistió su hijo/hija a la escuela antes de llegar a los Estados Unidos? _____
Si su respuesta es sí, ¿cuántos años? _____

Firma del padre o tutor
(o alumno de grados 9 al 12)

Fecha

**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
BILINGUAL EDUCATION**



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Firma del padre o tutor
(o alumno de grados 9 al 12)

Fecha



San Benito Consolidated Independent School District

Assessment Decision Record

The information on this form documents the reason for exemption as required by 19 TAC 101.1003.
Keep this form and supporting documentation in the student's permanent record folder

Student Name: _____ Initial Date of Enrollment in U.S. Schools _____

Student ID: _____ Date Identified as LEP: _____

School Year In U.S.	1. Summary of Evidence of Insufficient schooling outside U.S.	2. Summary of Instructional Interventions	3. Summary of Progress by Spring of Current Year	4. Assessment Decision and Reason if Exempted																																					
Indicate school year and grade.	Fill in soon after initial enrollment in U.S. schools	Describe the instructional interventions designed to strengthen inadequate skills.	Record this information in spring of year upon final determination of need for exemption.	From the list below, indicate the applicable assessment decisions and reason if exemption granted. Reasons are listed on backside of this form.																																					
				<input type="checkbox"/> Exemption not applicable: not enrolled at time of testing. <input type="checkbox"/> Student will take TAKS in one or more subjects. <input checked="" type="checkbox"/> Student is exempt in one or more subjects. Letter of reason from list on back: (a)	<p>Assessment Decision Y-Yes N-No</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Subject</th> <th>Eng TAKS</th> <th>Span TAKS</th> <th>Exempt</th> <th>LAT</th> <th>TELPAS</th> </tr> </thead> <tbody> <tr><td>Math</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Reading</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ELA</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Writing</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Science</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Subject	Eng TAKS	Span TAKS	Exempt	LAT	TELPAS	Math						Reading						ELA						Writing						Science					
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SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Campus: _____

LPAC Minutes of TAKS Decisions for Spring								Test Administration					
ID #	Student Name (last, first)	Gr	Category	Meets TAKS Immigrant Status <i>(at least 2 consec. years outside U.S.)</i>	School Year of Enrollment in U.S.	2010 TELPAS Reading Rating	Period of Absence of Schooling Outside U.S.	Assessment Decision (Mark E for Eng TAKS, S for Spn TAKS, and X for Exempt)					Reason for Exemption <i>(see back)</i>
								MATH	READING	W	SC	SS	
1.													
2.													
3.													
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19.													
20.													
21.													
22.													
The language proficiency assessment committee met and reviewed these students on					month/day/year								
_____ Administrator		_____ Parent			_____ Bil/ESL Teacher					_____ Other			

