

Department of Bilingual Education and World Languages

ELEMENTARY ESOL RECORDS FOLDER CHECKLIST

School Name: _____ Work Location: _____ Date: _____

Student Name	Student ID#	ESOL Level	Grade	Home Language Survey (completed, signed and dated), DEUSS	Initial Assessment date, Entry date and ESOL Level match DSIS - J Screen	Other assessment(s) match DSIS/ELLEVATION/EL Plan	Copy of initial Parent Notification Letter	Copy(s) of annual updated Parent Notification Letter(s)	Copy(s) of Parent Notification of EL Committee Meeting(s)	ELL Committee(s) -Check for signatures, dates and minutes attached to each	Procedures for Three Years or More in ESOL (Test and convene ELL Committee within 30 days DEUSS)	Updated ELL Plans	Florida CELLA Student Report(s) (annual)	AMAO Letter(s) (annual) (N/A for 2014 –20 15 & after)

✓ Indicates compliance
 Codes indicate area to be reviewed