

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)	Initial Assessment date, Entry date and ESOL Level match ISIS - J Screen	Other assessment(s) match ISIS/W-LEP/ELL Plan	Copy of initial Parent Notification Letter	Copy(s) of annual updated Parent Notification Letter(s)	Copy(s) of Parent Notification of ELL Committee Meeting(s)	ELL Committee(s) -Check for signatures, dates and	Procedures for Three Years or More in ESOL (Test and convene ELL Committee)	Updated W-LEP Plan	Florida CELLA Student Report(s) (annual)	AMAO Letter(s) (annual)

✓ Indicates compliance
 Codes indicate area to be reviewed