

Department of Bilingual Education and World Languages

SECONDARY ESOL RECORDS FOLDER CHECKLIST

School Name: _____ Work Location: _____ Date: _____

Student Name	Student ID #	ESOL Level		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	Programmatic Assessment (Middle and High Schools)	Native Language Writing Sample for new ESOL Level 1 students (Middle & High)	Student's Schedule (s) (Middle and High School)	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 minutes attached to each	Procedures for Three Years or More in ESOL (Test and convene ELL Committee)	Updated W-LEP Plans	Florida CELLA Student Report(s) (annual)	AMAO Letter(s) (annual)

✓ Indicates compliance
 Codes indicate area to be reviewed