



DISTRICT SCHOOL BOARD OF PASCO COUNTY
ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL)
ELL COMMITTEE MEETING MINUTES

Appendix H MIS Form
#585 Rev. 09/19

Student:

School:

Grade:

Date:

Time:

Topic(s) of Discussion:

Considerations: (Check areas reviewed and attach evidence/make notations as appropriate.
Note: For Entry, Exit, or Reclassification decisions, at least TWO must be considered.)

- Prior educational and social experiences
- Written recommendations and observations by current and previous instructional and supportive service staff
- Level of master of basic competencies or skills in English and home language according to appropriate local, state, and national tests
- Grades from current or previous years
- Other test results: _____

Recommendations

Note: If ESOL Committee recommends for ESOL services to be extended, the narrative *must* include specific strategies that will target the student's English language development.

*Administrator

*School Counselor

*ESOL Teacher (ELA Teacher)

Other

Parent

Other

*** Signature is required.**

Distribution: Give a copy of the signed form to the parent and another copy to the Compliance Resource Teacher.