**FY2024 (FFY 2023) English Learner Plan**

**Please Read First:**

* The English Learner Plan details core English language development services and additional context regarding supports for EL students and families. It is a required annual submission for all public LEAs. The EL Plan is a component of the larger Title Grants Pre-Application. The EL Plan should be completed within the LEA's Pre-Application, unless not submitting a Pre-Application. This document is for reference as well as for those public LEAs not submitting a Pre-Application.
* Application is fully compatible with **desktop** versions of *Microsoft Word 2013* or newer.
* Application **is not compatible** with programs, such as *Microsoft 365 Word Online, Google Docs, etc*.
* **Mac users**, please refer to the [Mac User Directions](https://moodle.doe.in.gov/course/index.php?categoryid=41) document for supplemental instructions.
* All fields are required (enter N/A if not applicable).
* When saving for the first time, please use this format:
	+ Corp #-Corp Name-EL-Plan-FY 2024 (FFY 2023)
	+ E.g., *0125-Indiana School District-EL-Plan-FY 2024 (FFY 2023)*
* When finished, submit EL Plantoenglishlearners@doe.in.gov.
* Questions? Send any inquiries to IDOE English Learner specialists at englishlearners@doe.in.gov.

# FY 2024 (FFY 2023) General Information | Not Started

## LEA Information

### Please enter LEA Information (Corporation ID, Name)

|  |  |
| --- | --- |
| **Corporation ID (4 digits):** | Enter 4 digit Corp./LEA ID. |
| **Corporation Name:** | Enter Corp/LEA name. |

### Please enter pertinent contact information for the Pre-Application. *i.e., Who is completing this application on behalf of the LEA?*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Please enter name. | **Email:** | Please enter email address. |

*\*Click far right cell and “+” in bottom right corner to add row.*

## Point of Contact Update

### Directions: View the “[LEA Contacts Spreadsheet](https://docs.google.com/spreadsheets/d/1Y129ufopid814RG08VC8pvziecoXa-jhvGsYjx2zsRI/edit?usp=sharing)” and list below ***ONLY*** changes or updates below. *This sheet is utilized for all Title Grants and Support correspondence.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Email Address** | **Phone #** |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

*\*Click far right cell and “+” in bottom right corner to add row.*

### Directions: Please provide the Unique Entity ID (UEI) number for LEA ***ONLY*** if a new charter, or UEI is missing from or incorrect on the “[LEA Contacts Spreadsheet](https://docs.google.com/spreadsheets/d/1Y129ufopid814RG08VC8pvziecoXa-jhvGsYjx2zsRI/edit?usp=sharing)”.  *For more information on UEIs, please view the* [*UEI Transition Fact Sheet*](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJlbWFpbCI6InNoZWlsYS5yaWVzZXJAZWQuZ292IiwiYnVsbGV0aW5fbGlua19pZCI6IjEwMCIsInN1YnNjcmliZXJfaWQiOiI1MjI1NzgyNCIsImxpbmtfaWQiOiIxNzcyMDExMDQxIiwidXJpIjoiYnAyOmRpZ2VzdCIsInVybCI6Imh0dHBzOi8vd3d3Mi5lZC5nb3YvYWJvdXQvb2ZmaWNlcy9saXN0L29mby9kb2NzL3VuaXF1ZS1lbnRpdHktaWRlbnRpZmllci10cmFuc2l0aW9uLWZhY3Qtc2hlZXQucGRmP3V0bV9jb250ZW50PSZ1dG1fbWVkaXVtPWVtYWlsJnV0bV9uYW1lPSZ1dG1fc291cmNlPWdvdmRlbGl2ZXJ5JnV0bV90ZXJtPSIsImJ1bGxldGluX2lkIjoiMjAyMjAyMTguNTM2OTMyOTEifQ.O4TWdAA_wiwERfSpWtsW3A9AO8NrmJM92Zkw1_LfoGQ?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=)*.*

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| **UEI Number** | Please enter UEI number. |

## IDOE Specialist | Section Review

**This section is to be edited by IDOE staff only.** LEA may view requested revisions for each section here.

|  |  |  |
| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **Reviewed by:**Choose an item. Choose an item.  | Click or tap here to enter text. | Indicate status.Review #Review date |

*\*Click far right cell and “+” in bottom right corner to add row.*

# Academics | Not Started

## Achievement

### Describe efforts in meeting learning needs of each of the following student-groups. All student group areas must be answered. If no students are currently identified within a group, please provide how those students' needs would be met **should any become identified** as such.

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|  | **Academic Supports for Schools** |
| **English Learners** | **Required field:** Please share LEA-wide approaches for how ELs are supported beyond the core EL services detailed in the EL Plan in Section 5. |

### In addition, specifically describe the ***LEA*** parent and family engagement strategies used for the following student-groups.

|  |  |
| --- | --- |
| **Student Group** | **LEA Parent and Family Engagement** |
| **English Learners** | **Required field:** Please include how EL families are engaged with, how language and cultural barriers are addressed, and how general family engagement activities are inclusive of EL families. |

## IDOE Specialist | Section Review

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|  |  |  |
| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **Reviewed by:**Choose an item. Choose an item.  | Click or tap here to enter text. | Indicate status.Review #Review date |

*\*Click far right cell and “+” in bottom right corner to add row.*

# English Learners | Not Started

The English Learner Plan details core English language development services and additional context regarding supports for EL students and families. It is a required annual submission for all public LEAs. The EL Plan is a component of the larger Title Grants Pre-Application. The EL Plan should be completed within the LEA's Pre-Application, unless not submitting a Pre-Application. This document is for reference as well as for those public LEAs not submitting a Pre-Application.

## EL Population

### English Learner Population Size

Please indicate your LEA’s current English Learner (EL) population size:

|  |
| --- |
| Choose an item. |

*NOTE: If your LEA currently does not enroll EL students, 5.B and 5.C can be bypassed, however 5.D still needs to be completed*

## English Learner Plan

Please keep in mind the following when completing your English learner plan:

* LEAs are **required** to provide a core EL program (Lau) whether or not they receive Title funds.
* All federal grants, including Title I and III, must be **supplemental to your core EL program listed on this page.**
* Staff listed on this page **must** be paid with state (such as NESP, tuition support) or local funds **only**.
* All EL students (Levels 1.0 *through* 4.9) **must** be provided a **core EL** program, described on this page, in addition to standard grade-level instruction. Instruction in the core EL program must be provided by either an EL Teacher of Record (who has attained EL licensure or who has met the EL ToR Rubric by September of 2022) or a **qualified** Teacher of Service sufficiently **trained in EL strategies.** Paraprofessionals are only to provide a supplemental layer of EL support and should not be included in core EL services detailed below.
* The core EL program, per federal law, **must** be based on **effective** approaches and methodologies that **demonstrate success** in increasing English language proficiency, reasonably calculated for success in terms of resources and personnel, and regularly evaluated to ensure the language barriers are being overcome.
* All program models utilized to provide core English language development services in the LEA must be described. If more than one service model is used within the LEA for a specific section, add a row using the ‘+’ symbol in the bottom right corner.
* Please include any services provided to ELs who take Alternate ACCESS within the Proficiency Levels 1.0-2.9 section.

### PROFICIENCY LEVELS 1.0 – 2.9Include a separate row within this section to indicate services provided to ELs taking Alternative ACCESS.

|  |
| --- |
| **Elementary School Setting** |
| **Program Model** | **Implementation Method** | **Teacher of Service Name and Job Title** | **Frequency and Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | Select implementation method. | List the *certified, qualified* staff, and their job titles, delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

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| **Middle School Setting** |
| **Program Model** | **Implementation Method** | **Teacher of Service Name and Job Title** | **Frequency and Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | Select implementation method. | List the *certified, qualified* staff, and their job titles, delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

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| **High School Setting** |
| **Program Model** | **Implementation Method** | **Teacher of Service Name and Job Title** | **Frequency and Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | Select implementation method. | List the *certified, qualified* staff, and their job titles, delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

### PROFICIENCY LEVELS 3.0-4.9

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| **Elementary School Setting** |
| **Program Model** | **Implementation Method** | **Teacher of Service Name and Job Title** | **Frequency and Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | Select implementation method. | List the *certified, qualified* staff, and their job titles, delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

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| **Middle School Setting** |
| **Program Model** | **Implementation Method** | **Teacher of Service Name and Job Title** | **Frequency and Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | Select implementation method. | List the *certified, qualified* staff, and their job titles, delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

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| **High School Setting** |
| **Program Model** | **Implementation Method** | **Teacher of Service Name and Job Title** | **Frequency and Duration** | **Curriculum / Resources / Materials** |
| Select a program model. | Select implementation method. | List the *certified, qualified* staff, and their job titles, delivering this program model. | Indicate frequency and duration in which these services are provided. | List curriculum, resources, and/or materials used to implement this program model. |

*\*Click far right cell and “+” in bottom right corner to add row.*

## ****EL Plan Context****

### Beginning in the 2022-2023 school year, LEAs were required to provide an EL Teacher of Record (ToR), who is either ENL licensed or has met the EL ToR rubric by September 2022, for each of their EL students.

### Please indicate the current number of certified teachers holding an ENL license in your LEA acting in the EL ToR role and meeting the [EL ToR responsibilities](https://www.in.gov/doe/files/EL-Teacher-of-Record-Responsibilities.pdf). This number should ***not*** include teachers who have been licensed via EL ToR Rubric nor teachers licensed via an emergency permit.

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| Click or tap here to enter text. |

### Please indicate the number of active EL ToR who are qualified via the ToR rubric. Reminder: Teachers must have met all [*EL ToR Rubric requirements*](https://www.in.gov/doe/files/Meeting-English-Learner-Teacher-of-Record-Requirements.pdf) on or before September 1, 2022. Any teachers who were unable to meet that deadline must apply for an emergency permit and pursue full EL licensure to be in compliance.

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| Click or tap here to enter text. |

### Please indicate the number of active EL ToRs who are qualified via emergency permit*.*

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| Click or tap here to enter text. |

### If your LEA has EL ToRs who are overseeing EL services being provided by Teachers of Service (ToS), please share how the ToS have been sufficiently trained to qualify them to provide core EL services. Note that one-day, isolated workshops or logistical trainings *(i.e., WIDA ACCESS administration training),* do not meet requirement*.*

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| Click or tap here to enter text. |

### If you currently do not have qualified EL ToRs, or have ToRs whose EL student to teacher ratio far surpasses the 30:1 recommended ratio, please share how the LEA is working to rectify this.

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| Click or tap here to enter text. |

***Please see the IDOE guidance on***[***EL Teacher of Record Requirements***](https://www.in.gov/doe/files/Meeting-English-Learner-Teacher-of-Record-Requirements.pdf)***f****or information on EL Teacher of Record requirements.*

### If your LEA has no students receiving EL services, describe your preparedness plan in the event you enroll a student qualifying for EL services*.*

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| Click or tap here to enter text. |

## EL Assurances and Sign-off

By checking each box, Enter 4 digit Corp/LEA ID. Enter Corp/LEA name. assures that 100% of English learner students are correctly identified, assessed, reported, provided services and supports, and that all federal EL programming compliance requirements are met.

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| --- |
| [ ]  Administer the [**Home Language Survey (HLS)**](https://www.doe.in.gov/sites/default/files/elme/home-language-survey-form.docx)*only* to students enrolling in Indiana for the *first* time; the original HLS is obtained for a student transferring from another Indiana school.[ ]  Implement specific criteria to safeguard against inappropriate identification and placement into Special Education or speech services of English learner students, and establish guidelines to ensure that retention of English learner students in not based solely upon English language proficiency.[ ]  Maintain a copy of every student’s HLS, including students whose HLS indicates English only.[ ]  *Within 30 days of enrollment at the beginning of the school year,* or within two weeks of enrollment during the school year, administer the English proficiency screener (WIDA Screener or KG Screener) to new students whose HLS indicates a language other than English for any of the three questions, **OR** obtain the previous annual WIDA ACCESS for ELs results for students previously identified as an English learner by another Indiana school or WIDA consortium state.[ ]  Notify parents of students’ English learner status annually via the [**Parent Notification form**](https://www.doe.in.gov/sites/default/files/elme/annual-parent-notification-letter.docx).[ ]  Develop an [**Individual Learning Plan (ILP)**](https://www.doe.in.gov/sites/default/files/elme/ilp-sample.pdf)and provide core EL program services until student reaches proficiency on WIDA ACCESS for ELs.[ ]  Maintain a local system to track English learners in order to provide core EL program services and report English learners to the IDOE through annual EL reporting through Data Exchange.[ ]  Administer the WIDA ACCESS for ELs’ English language proficiency assessment annually to 100% of English learners.[ ]  Ensures the placement of English learner students will be in a grade that is age appropriate.[ ]  Communicate between the school and the home with limited English proficient parent, whether about English learner students’ progress or school activities, is conducted, to the extent possible, in the native/preferred language of the home.[ ]  Maintain a local system for rigorous monitoring of students who have attained proficiency during their mandated two-year monitoring period to ensure that former English learners are meeting the same challenging standards as never-EL students. |

**EL Program Administrator Sign Off:**

Enter name of EL Program Administrator.

## IDOE Specialist | Section Review

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|  |  |  |
| --- | --- | --- |
| **Specialist** | **Comments/Revisions** | **Status** |
| **Reviewed by:**Choose an item. Choose an item.  | Click or tap here to enter text. | Indicate status.Review #Review date |

*\*Click far right cell and “+” in bottom right corner to add row.*