

## Guiding Questions for Additional Evidence Review

<b><i>Does the evidence provide an adequate representation of the student's independent English abilities?</i></b>	
<b>If 'Yes':</b>	<b>If 'No':</b>
It is evidence that could be considered in the review.	Consider evidence that provides enough depth and examples of their English abilities in an academic setting.

<b><i>Is there longitudinal data available to be reviewed that may highlight a growth trajectory (i.e., historical ILEARN scores)?</i></b>	
<b>If 'Yes':</b>	<b>If 'No':</b>
Take this into consideration when reviewing the current data to see possible patterns of growth.	It may still be used. However, consider what other pieces of evidence have longitudinal data to show patterns in the student's English use and performance.

<b><i>Is the evidence consistent with the student's performance on other schoolwork or assessments?</i></b>	
<b>If 'Yes':</b>	<b>If 'No':</b>
It is evidence that could be considered in the review.	Consider why it may not be. Find other pieces of evidence that offer a representative example of their independent English proficiency and performance.

<b><i>Does the evidence demonstrate that the student is proficient in English?</i></b>	
<b>If 'Yes':</b>	<b>If 'No':</b>
Make note on the <i>ILP Committee Decision-Making Tool</i> . Continue the review process, as applicable, to determine if other pieces of evidence also demonstrate proficiency.	Make note on the <i>ILP Committee Decision-Making Tool</i> . Continue the review process, as applicable; however, it may not be appropriate to exit the student from EL status.

## ILP Committee Decision-Making Tool - WIDA Alternate ACCESS

<b>Student Name:</b>	<b>STN:</b>	<b>Grade for SY 25-26:</b>
<b>ILP Committee Members:</b>  EL Teacher of Record:  Special Education Teacher of Record:  Classroom Teacher(s):  Administrator:  Parent/Guardian:  Other members:	<b>Eligibility Assurances:</b>  <input type="checkbox"/> Student meets eligibility outlined in the Exit Criteria for ELs Guidance  <input type="checkbox"/> WIDA Alternate ACCESS overall proficiency score of Alternate PL 4 or higher  <input type="checkbox"/> Initial Review of Evidence	

### WIDA Alternate ACCESS Results

<b>Most recent scores: 2024-2025</b>	<b>Previous school year:</b>	<b>Previous school year:</b>
Listening:                  Reading: Speaking:                  Writing: Overall Composite Score:	Listening:                  Reading: Speaking:                  Writing: Overall Composite Score:	Listening:                  Reading: Speaking:                  Writing: Overall Composite Score:

### Evidence #1

**Type of evidence:**

**Results:**                  **ILP Committee Notes:**

### Evidence #2

**Type of evidence:**

**Results:**                  **ILP Committee Notes:**

## Evidence #3

Type of evidence:	
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Results:	ILP Committee Notes:

## Guiding Questions for Evidence Portfolio Review

- Does the entire body of evidence support that the student is proficient in English and performing similarly to native English-speaking peers? ***How does the student's English language abilities compare to those with similar disabilities?***
- Has the student demonstrated English proficiency for a sustained period of time to clearly show that they will continue along that trajectory? ***What does language learning and growth look like for the student in light of their disability?***
- Is the student demonstrating proficiency in all four language domains (Listening, Speaking, Reading, Writing)? ***What language domains are impacted by the student's disability? How does the student receive and produce language?***
- Would the student continue to demonstrate proficiency and academic success if EL services and the ILP along with its accommodations and modifications are removed? ***What language-related supports and disability-related supports are provided to the student?***

## ILP Committee Decision

<b>Provisional Decision of the ILP Committee (<i>check one</i>):</b>	<b>Date:</b>
<input type="checkbox"/> Exit the student from EL services	
<input type="checkbox"/> Continue EL services	

- ☐ The ILP Committee acknowledges and agrees to the assurance statement above.

**ILP Committee Signatures:**

EL Teacher of Record:

Special Education ToR:

Classroom Teacher(s):

Administrator:

Parent/Guardian:

Other members:

Notes:

Notes: