

**Nassau County School Board  
LEP PLAN REVIEW FORM**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Date of Review:** \_\_\_\_\_

**Revisions Recommended:** Yes  No

**Comments on review/revisions:**

**Signature(s):**

**Teacher** \_\_\_\_\_ **Parent** \_\_\_\_\_

**Teacher** \_\_\_\_\_ **Principal** \_\_\_\_\_

**Teacher** \_\_\_\_\_ **Counselor** \_\_\_\_\_

**Other** \_\_\_\_\_

**Nassau County School Board  
LIMITED ENGLISH PROFICIENCY (LEP) PLAN  
EXTENSION OF INSTRUCTION FOR 'LY' STUDENTS**

Student Name: \_\_\_\_\_ Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Reason for extension of instruction:

Student must have a post test score prior to completing this form.

Name of Test      Score

Form completed by/Title

Parent/Guardian's Signature \_\_\_\_\_

**Extension**

**Nassau County School Board  
LANGUAGE ENRICHED PUPILS  
LIMITED ENGLISH PROFICIENT - ANNUAL PLACEMENT REVIEW**

Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Recommended placement for 20\_\_ - 20\_\_ School Year - Recommendation is to be made by LEP Committee.

- Language Arts through ESOL
- English through ESOL
- Developmental Language Arts through ESOL

Level:

- None-English Speaker (NES)    Limited-English Speaker (LES)    Full English Speaker

- Extension    4th Year Post-test Date \_\_\_\_\_  
 5th Year Post-test Date \_\_\_\_\_  
 6th Year Post-test Date \_\_\_\_\_

- Exit ESOL   LEP student must be post-tested prior to exit.  
and monitoring   LEP committee must convene and exit form must be completed.

Comments

\_\_\_\_\_  
Date                      ESOL Contact                      Parent/Guardian Signature

**Nassau County School Board  
ENGLISH FOR SPEAKERS OF OTHER LANGUAGES  
LEP COMPLETION LETTER**

Name: \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

As discussed at our recent LEP Committee meeting, your child has successfully acquired English proficiency in listening, speaking, reading, and writing. As a result, he/she was exited from the English to Speakers of Other Languages (ESOL) Program. Attached is a copy of the LEP Staffing Committee Report Form and the Exit Criteria Form.

Thank you for the help and support you have given your son/daughter. If you have any questions or concerns about this decision and the monitoring process, which will occur for two years, please call me.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_