

Rutherford County Schools * ESL K - 5 Monitoring Form

Please return to: _____

 ESL Teacher

For School Use Only - Please do not send home

Student _____ School Year _____ ESL Classification _____

School _____ Classroom Teacher _____ Grade _____

Reading/Language Arts - Please mark the level at which the ESL student is working and the accommodations you provide.

Report Card Grade:	1st Quarter _____	2nd Quarter _____	3rd Quarter _____	4th Quarter _____
Level: <i>(Check one)</i>	<input type="checkbox"/> Approaching level <input type="checkbox"/> On level <input type="checkbox"/> Beyond level	<input type="checkbox"/> Approaching level <input type="checkbox"/> On level <input type="checkbox"/> Beyond level	<input type="checkbox"/> Approaching level <input type="checkbox"/> On level <input type="checkbox"/> Beyond level	<input type="checkbox"/> Approaching level <input type="checkbox"/> On level <input type="checkbox"/> Beyond level
Accommodations: <i>(Check all that apply)</i>	<input type="checkbox"/> Extra time <input type="checkbox"/> Reduced work <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Alternative testing <input type="checkbox"/> Read aloud <input type="checkbox"/> Non verbal responses <input type="checkbox"/> Used visuals <input type="checkbox"/> Other _____	<input type="checkbox"/> Extra time <input type="checkbox"/> Reduced work <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Alternative testing <input type="checkbox"/> Read aloud <input type="checkbox"/> Non verbal responses <input type="checkbox"/> Used visuals <input type="checkbox"/> Other _____	<input type="checkbox"/> Extra time <input type="checkbox"/> Reduced work <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Alternative testing <input type="checkbox"/> Read aloud <input type="checkbox"/> Non verbal responses <input type="checkbox"/> Used visuals <input type="checkbox"/> Other _____	<input type="checkbox"/> Extra time <input type="checkbox"/> Reduced work <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Alternative testing <input type="checkbox"/> Read aloud <input type="checkbox"/> Non verbal responses <input type="checkbox"/> Used visuals <input type="checkbox"/> Other _____

Math - Please mark the level at which the ESL student is working and the accommodations you provide.

Report Card Grade:	1st Quarter _____	2nd Quarter _____	3rd Quarter _____	4th Quarter _____
Level: <i>(Check one)</i>	<input type="checkbox"/> Approaching level <input type="checkbox"/> On level <input type="checkbox"/> Beyond level	<input type="checkbox"/> Approaching level <input type="checkbox"/> On level <input type="checkbox"/> Beyond level	<input type="checkbox"/> Approaching level <input type="checkbox"/> On level <input type="checkbox"/> Beyond level	<input type="checkbox"/> Approaching level <input type="checkbox"/> On level <input type="checkbox"/> Beyond level
Accommodations: <i>(Check all that apply)</i>	<input type="checkbox"/> Extra time <input type="checkbox"/> Reduced work <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Alternative testing <input type="checkbox"/> Read aloud <input type="checkbox"/> Non verbal responses <input type="checkbox"/> Used visuals <input type="checkbox"/> Other _____	<input type="checkbox"/> Extra time <input type="checkbox"/> Reduced work <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Alternative testing <input type="checkbox"/> Read aloud <input type="checkbox"/> Non verbal responses <input type="checkbox"/> Used visuals <input type="checkbox"/> Other _____	<input type="checkbox"/> Extra time <input type="checkbox"/> Reduced work <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Alternative testing <input type="checkbox"/> Read aloud <input type="checkbox"/> Non verbal responses <input type="checkbox"/> Used visuals <input type="checkbox"/> Other _____	<input type="checkbox"/> Extra time <input type="checkbox"/> Reduced work <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Alternative testing <input type="checkbox"/> Read aloud <input type="checkbox"/> Non verbal responses <input type="checkbox"/> Used visuals <input type="checkbox"/> Other _____

Comments and Concerns - Please list any other comments or concerns you may have regarding this student:

1st Qtr.
2nd Qtr.
3rd Qtr.
4th Qtr.

End of the year: Student is being _____ promoted _____ retained _____ *(circle one)*

Please note, you may not retain an ELL (English Language Learner) if language is the primary contributing factor to the lack of adequate progress. If you are concerned about an ELL, the ESL teacher can help you with accommodations.

Note for ESL Teacher: File this form in the cum (red folder) at the end of the year.

Rutherford County Schools * ESL K - 5 Monitoring Form

Note for ESL Teacher: File this form in the cum (red folder) at the end of the year.