



**Hayward Unified School District**  
**Fall ELL Monitoring of Student Progress, Grades 1-6**

**DIRECTIONS:** The student progress of all ELLs is monitored annually to evaluate students' language growth and academic performance. (CPM 12.1) Each fall the LRT reviews the results of the spring STAR testing (end of year results on district-identified assessments for first graders) and classroom performance to determine if the student is making adequate progress. Please review the information on this form and refer to MP page 98-99. Complete all sections, sign, and place original in green folder. Keep a copy for your records and send a copy to parent(s).

**I. Demographic Information**

Student Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ ID Number \_\_\_\_\_ Language \_\_\_\_\_ Date of Entry to US School \_\_\_\_\_

**II. Academic Information**

**STAR California Standards Test**  
**ELA MATH SPAN CST**

Year: Scale Score/Prof Level  
 Year: Scale Score/Prof Level  
 Year: Scale Score/Prof Level

**CELDT**

Year: \_\_\_\_\_  
 Listening: \_\_\_\_\_  
 Speaking: \_\_\_\_\_  
 Reading: \_\_\_\_\_  
 Writing: \_\_\_\_\_  
 Overall: \_\_\_\_\_

**III. Report Card**

Most recent reporting period: \_\_\_\_\_ ELA Reading \_\_\_\_\_ ELA Writing \_\_\_\_\_ SLA \_\_\_\_\_ Math \_\_\_\_\_

**IV. Recommendation by School Site Staff**

**A review of this report indicates that this student's academic progress...**

Check One

- .... **is satisfactory.**  
 .... **is NOT satisfactory. (See Catch-Up Plan, below)**

**Student is not meeting growth expectations in the following areas:**

- STAR California Standards Test:  ELA  Math  
 District content and performance standards:  ELA  Math

**is satisfactory**

Student grew one level on CST in ELA and Math from last year  
 Basic up to two years Refer to MP. pp 98-99

**is NOT satisfactory**

Student did not grow one level on CST in ELA and Math from last year  
 Refer to MP. pp 98-99

**V. Area(s) of Need and Planned Interventions: CATCH-UP PLAN**

Explain expected growth in each intervention provided.

- |   |   |
|---|---|
| <input type="checkbox"/> ELA Intervention ( <i>Inside</i> )<br><input type="checkbox"/> Math Intervention<br><input type="checkbox"/> Modify Instruction<br><input type="checkbox"/> Modify Testing<br><input type="checkbox"/> Use of SDAIE Methods<br><input type="checkbox"/> Change Grouping Patterns<br><input type="checkbox"/> Help with homework<br><input type="checkbox"/> Tutoring in _____<br><input type="checkbox"/> Provide Individual Assistance in _____<br><br><input type="checkbox"/> Provide Language Support in _____<br><br><input type="checkbox"/> Extra Academic Support during the school day in _____ | <input type="checkbox"/> Before school intervention in _____<br><br><input type="checkbox"/> After School Intervention in _____<br><br><input type="checkbox"/> Primary Language Support in _____<br><br><input type="checkbox"/> Saturday School Intervention<br><input type="checkbox"/> ELD instruction<br><input type="checkbox"/> SST Option<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Other _____ |
|---|---|

**VI. Comments:**

**VII. Parent Notification:**

Please mark the items that apply and return this entire form to your child's school.

- I have reviewed my child's academic progress indicated above.  
 I would like a conference to discuss this information.

\_\_\_\_\_  
**Parent/Guardian Signature Telephone # Date Principal/Counselor/Designee Signature Telephone # Date**  
 (Required if Student Progress is Unsatisfactory)