



Hayward Unified School District
Fall ELL Monitoring of Student Progress, Grades 9-12

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 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

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

CELDT

Year:
 Listening:
 Speaking
 Reading:
 Writing:

III. Report Card

Most recent reporting period: _____ English _____ Math _____ Science _____
 Social Studies/History _____ # of credits to date _____ GPA _____

IV. CA High School Exit Exam

ELA _____ Math _____ Not Applicable

V. 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

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

Performance Goals	School, continued	Student
	<input type="checkbox"/> Help with homework <input type="checkbox"/> Tutoring in _____ <input type="checkbox"/> Provide Individual Assistance in _____ _____ <input type="checkbox"/> Provide Language Support in _____ _____ <input type="checkbox"/> Extra Academic Support during the school day in _____ <input type="checkbox"/> Before School Intervention in _____ _____ <input type="checkbox"/> After School Intervention in _____ _____ <input type="checkbox"/> Primary Language Support in _____ _____ <input type="checkbox"/> SST Option <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Come to class daily and on time. <input type="checkbox"/> Participate in classroom activities and complete all classroom assignments daily. <input type="checkbox"/> Come to class prepared and ready to work. <input type="checkbox"/> Request help with homework in _____ _____ <input type="checkbox"/> Request extra academic support during the school day in _____ _____ <input type="checkbox"/> Go to tutoring sessions in _____ _____ <input type="checkbox"/> Other _____
School <input type="checkbox"/> ELA Intervention (<i>Edge</i>) <input type="checkbox"/> Math Intervention <input type="checkbox"/> Modify Instruction <input type="checkbox"/> Modify Testing <input type="checkbox"/> Use SDAIE Methodology <input type="checkbox"/> ELD instruction <input type="checkbox"/> Change Grouping Patterns		

VII. Comments:

VIII. 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)