

Limited English Proficient (LEP) Accommodations Form

First Name: _____ Last Name: _____ Date of Birth: _____

Louisiana Secure ID: _____ Grade: _____ LEP Teacher: _____

School: _____ Site Code: _____

LEA/District: _____ LEA Code: _____

Classroom Accommodations and Modifications	
To be completed by English as a Second Language Provider (ESL) and School Building Committee (SBLC). Accommodations will be communicated to all teachers for classroom implementation.	
<input type="checkbox"/>	None
<input type="checkbox"/>	Bilingual dictionary/electronic translator allowed at all times
<input type="checkbox"/>	Color overlay (visual aid)
<input type="checkbox"/>	Compositions and written assignments sometimes accepted in native language
<input type="checkbox"/>	Cooperative learning/peer assistance
<input type="checkbox"/>	Extended time for tests and assignments
<input type="checkbox"/>	Increased hands-on activities
<input type="checkbox"/>	Line reader (visual aid)
<input type="checkbox"/>	Magnification (visual aid)
<input type="checkbox"/>	Modified/shortened tests
<input type="checkbox"/>	Native language reading material sometimes allowed
<input type="checkbox"/>	Noise buffer (audio aid)
<input type="checkbox"/>	Peer assistance for note taking
<input type="checkbox"/>	Photocopied notes/study guide
<input type="checkbox"/>	Preferential seating
<input type="checkbox"/>	Reduced paper/pencil tasks
<input type="checkbox"/>	Repeated directions
<input type="checkbox"/>	Shortened, modified, fewer, or taped assignments
<input type="checkbox"/>	Specialized equipment or furniture
<input type="checkbox"/>	Spelling deductions discounted
<input type="checkbox"/>	Taped textbooks/novels
<input type="checkbox"/>	Tests read aloud (All content areas except English Language Arts)
<input type="checkbox"/>	Tests read aloud (All content areas except Reading Comprehension)
<input type="checkbox"/>	Other:

Testing Accommodations and Modifications	
(Applicable to all statewide assessments except ACT series)	
To be completed by English as a Second Language Provider (ESL) and School Building Committee (SBLC) prior to testing and submitted to the School Test Coordinator. Testing accommodations are only to be provided on statewide assessments if they are routinely used within the classroom. Accommodations should be coded in the LEP Test Accommodation field on the answer document.	
<input type="checkbox"/>	None
<input type="checkbox"/>	Color overlay (visual aid)
<input type="checkbox"/>	Directions in native language
<input type="checkbox"/>	Extended time
<input type="checkbox"/>	Individual administration
<input type="checkbox"/>	Line reader (visual aid)
<input type="checkbox"/>	Magnification (visual aid)
<input type="checkbox"/>	Math assessment in Spanish (grades 3-8)
<input type="checkbox"/>	Noise buffer (audio aid)
<input type="checkbox"/>	Provision of English/Native Language Word-to-Word Dictionary (no definitions)
<input type="checkbox"/>	Small group administration
<input type="checkbox"/>	Specialized equipment or furniture
<input type="checkbox"/>	Test Administered by ESL Teacher or individual providing language services
<input type="checkbox"/>	Test read aloud (except for Reading Comprehension) on EOC Tests
<input type="checkbox"/>	Test read aloud on Math, Science, and Social Studies assessments (grades 3-8)
Notes: _____ _____ _____	

LEP Federal Guidelines

The parent or guardian has received a copy of the ELL Federal Guidelines yes no

Teacher Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

ESL Teacher Signature: _____ Date: _____

SBLC Chairperson: _____ Date: _____