

**ENGLISH LANGUAGE SERVICES
THREE-YEAR PLAN
SCHOOL YEARS 2011-2014**

N.J. Department of Education
Office of Student Achievement and Accountability
Bureau of Bilingual and ESL Education
P.O. Box 500
Trenton, NJ 08625-0500

NEW JERSEY STATE DEPARTMENT OF EDUCATION
Division of Student Services
Office of Student Achievement and Accountability
Bureau of Bilingual and ESL Education
P.O. Box 500
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ENGLISH LANGUAGE SERVICES THREE-YEAR PLAN
SCHOOL YEARS 2011-2014
SECTION I: COVER PAGE

This application should be completed by all districts with fewer than 10 students of limited English proficiency enrolled in the schools.

A. District Information

| | |
|--|--|
| _____ / _____ County Name/Code | _____ / _____ District Name/Code |
| _____ Name and Title of Person Completing Plan | _____ Street Address of District |
| _____ Email Address | _____ City State Zip Code |
| (_____) _____ Telephone Number of Person Completing Plan | |
| _____ Name and Title of Contact Person | |
| _____ Email Address | |
| (_____) _____ Telephone Number of Person Contact Person | |

B. Statement of Assurances

1. The Board of Education will allocate local funding to implement this plan, in accordance with its responsibility to provide services.
2. The English language services provided will be operated in compliance with New Jersey statutes and regulations.
3. The parents/guardians of limited English proficient students will be notified in their native language, in accordance with New Jersey regulations, of their rights to determine their child's participation in and/or exit from the program.

| | | |
|---|------------------------|--------------------------|
| _____ Chief School Administrator | _____ Signature | _____ Date Signed |
|---|------------------------|--------------------------|

_____ **Date of Board Approval**

**ENGLISH LANGUAGE SERVICES THREE-YEAR PLAN
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SECTION II – PARTS A & B: PROGRAM DESCRIPTION**

COUNTY and CODE: _____

DISTRICT and CODE: _____

Please complete the following information. Indicate the days and amount of time student(s) receive services.

A. Program Description

| SCHOOL NAME | NUMBER OF STUDENTS | ELS INSTRUCTIONAL TIME | |
|---------------------------|--------------------|------------------------|-------------|
| | | Days/Wk | Minutes/Day |
| | | | |
| | | | |
| | | | |
| TOTAL LEP STUDENTS | | | |

B. Program Narrative

Districts operating an ELS program should complete a narrative describing the program. The narrative must include the following:

- The goals and objectives of the program
- The focus of instruction and the certification of the teacher(s) providing ELS
- The review process for exiting the program (multiple measures)

Additional pages may be added if necessary.

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SECTION III – LANGUAGE PROFICIENCY INSTRUMENT**

COUNTY: _____

DISTRICT: _____

Indicate the language proficiency test used for entry into the ELS program and exiting the program.

Entrance Assessment

Check (✓) if applicable

- Maculaitis Test of English Language Proficiency (MACII)
- Language Assessment Scale (LAS)
- Language Assessment Scale (LAS) Links
- Comprehensive ELL Assessment (CELLA)
- IDEA Proficiency Test (IPT)
- WIDA-ACCESS Placement Test (W-APT)
- ACCESS for ELLs
- MODEL

Exiting Assessment

Check (✓) if applicable

- Maculaitis Test of English Language Proficiency (MACII)
- Language Assessment Scale (LAS)
- Language Assessment Scale (LAS) Links
- Comprehensive ELL Assessment (CELLA)
- IDEA Proficiency Test (IPT)
- ACCESS for ELLs™
- MODEL