

# ELS THREE-YEAR PROGRAM PLAN

## SCHOOL YEARS 2014-2017

NEW JERSEY DEPARTMENT OF EDUCATION  
Division of Student and Field Service  
Office of Title I  
Bureau of Bilingual/ESL Education  
P.O. Box 500  
Trenton, NJ 08625-0500

Email completed plan to: [ellreports@doe.state.nj.us](mailto:ellreports@doe.state.nj.us)

Save the plan using the following file name format:  
countycode-districtcode-districtname (e.g. 00-0000-sampledistrict.docx)

### District Information

\_\_\_\_\_/\_\_\_\_\_  
County Name/Code

\_\_\_\_\_/\_\_\_\_\_  
District Name/Code

\_\_\_\_\_  
Name and Title of Person Completing

\_\_\_\_\_  
Name and Title of Contact Person

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number of Person Completing Plan

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number of Contact Person

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address of District

\_\_\_\_\_  
City State Zip

**ENGLISH LANGUAGE SERVICES THREE-YEAR PLAN  
SCHOOL YEARS 2014-2017  
SECTION I: STATEMENT OF ASSURANCES**

**A. Statement of Assurances Based on N.J.A.C. 6A:15 [Mark “X” for each if in compliance]**

1. \_\_\_\_ The ELS program is operated in compliance with New Jersey statutes and regulations.
2. \_\_\_\_ There are less than 10 ELLs enrolled district wide.
3. \_\_\_\_ The district uses a screening process, initiated by a home-language survey, to determine which students must be tested for English language proficiency.
4. \_\_\_\_ The parents/guardians of ELLs are notified annually by mail in their dominant language that their child has been identified as eligible for enrollment in a bilingual, ESL or English language services program and of their right to decline program services in accordance with New Jersey regulations. In addition, parents are notified by mail in their dominant language when a determination has been made to exit a student from a program. Parents/guardians also receive individual student progress reports as indicated in N.J.A.C.6A:15-1.13.
5. \_\_\_\_ A budget for the ELS program is developed that specifies how state/local funds are directly related to the ELS program instructional services and materials.
6. \_\_\_\_ All ELLs are identified for services and tested annually with one of the following assessments:
  - Maculaitis Test of English Language Proficiency (MACII)
  - Language Assessment Scale (LAS)
  - Language Assessment Scale Links
  - Comprehensive ELL Assessment (CELLA)
  - IDEA Proficiency Test (IPT)
  - WIDA-ACCESS Placement Test (W-APT)
  - WIDA ACCESS for ELLs
  - WIDA MODEL
7. \_\_\_\_ The district uses the following multiple measures to determine which students are ready to exit a language assistance program:
  - Department-established standard on an English language proficiency test
  - Classroom performance and the student’s reading level in English
  - Judgment of the teaching staff member(s)
  - Performance on achievement tests in English

\_\_\_\_\_  
Chief School Administrator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date of Board Approval

**ENGLISH LANGUAGE SERVICES THREE-YEAR PLAN  
SCHOOL YEARS 2014-2017  
SECTION II: PROGRAM DESCRIPTION**

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

**A. Program Information**

SCHOOL NAME	NUMBER OF STUDENTS	ELS INSTRUCTIONAL TIME	
		Days/Wk	Minutes/Day
<b>TOTAL LEP STUDENTS</b>			

**B. Program Narrative**

Districts operating an ELS program should complete a narrative describing the program. The narrative must include the focus of instruction and the certification of the teacher(s) providing ELS.

**C. Professional Development**

Succinctly describe how district staff will receive professional development in strategies to meet the needs of ELLs.