

DATE	OBSERVER
DISTRICT NAME AND NUMBER <input type="checkbox"/> > 200 <input type="checkbox"/> < 200	GRADE PROGRAM TYPE
ATTENDANCE CENTER <input type="checkbox"/> > 20 <input type="checkbox"/> < 20	CLASSROOM NUMBER ADEQUATE SPACE PERIOD/TIME
TEACHER NAME	CLASS OBSERVED
CERTIFICATION TYPE/ENDORSEMENT: <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 29 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> ESL <input type="checkbox"/> ENL <input type="checkbox"/> Bil _____	TEACHER AIDE NAME
TEACHER IS CERTIFIED TO ADMINISTER <input type="checkbox"/> IPT <input type="checkbox"/> MODEL <input type="checkbox"/> W-APT <input type="checkbox"/> ACCESS	CERTIFICATION TYPE
PROGRAM DIRECTOR NAME	PRINCIPAL NAME
CERTIFICATION <input type="checkbox"/> 75 <input type="checkbox"/> ESL <input type="checkbox"/> ENL <input type="checkbox"/> Bil _____	SUPERINTENDENT NAME

A.	Materials	In Students' Native Language		In English		Comments	Compliance	
		Yes	No	Yes	No		Yes	No
	Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Social Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	ESL			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

B.	Lesson Plans	In Students' Native Language		In English		Comments	Compliance		
1.	Indicate if students received instruction in all required content areas.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.	Indicate if instruction is provided in English and the students' native language.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.	Indicate if instructional time is of sufficient duration.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
C.	Teacher's Aide	In Students' Native Language		In English			Compliance		
1.	Is providing support under the direction of a certified teacher	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
D.	Critical Questions	Comments						Compliance	
1.	Describe the process of identifying ELLs.							Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	How are ELLs initially assessed and by whom?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	How is student assessment information used?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	How are decisions made about student placement in F/T, P/T TBE programs?							Yes <input type="checkbox"/>	No <input type="checkbox"/>

D.	Critical Questions (continued)	Comments	Compliance	
5.	What exit criteria is used to decide when a student is ready to transition into the general education program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Describe the program models used in the school to serve ELLs.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Describe how language support services are provided to all eligible students including ELLs with IEPs.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	If parents have refused TBE program services, are alternative supportive services (E.g. reading, tutorial, ESL only) programs offered at your site? (NCLB)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Describe how Illinois English Language proficiency standards are used.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Describe how instruction is coordinated with the Illinois Learning Standards and general program of instruction.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

D.	Critical Questions (continued)	Comments	Compliance	
11.	Describe how ELL students are integrated into classes and extracurricular activities with English speaking peers.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Describe the professional development activities you attended this year.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Describe how the district improvement plan addresses ELL student learning.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Describe parent and community involvement in TBE/TPI/Title II programs.		Yes <input type="checkbox"/>	No <input type="checkbox"/>