

ILLINOIS STATE BOARD OF EDUCATION

English Language Learning Division

100 W. Randolph, Suite 14-300

Chicago, Illinois 60601

DISTRICT PLAN UNDER SECTION 228.27 TO PROVIDE LANGUAGE ACQUISITION SERVICES

**TO ENGLISH LANGUAGE LEARNER (ELL) STUDENTS WHO HAVE EXITED THE TBE/TPI PROGRAM
AFTER THREE OR MORE YEARS WITHOUT ACHIEVING ENGLISH PROFICIENCY**

In accordance with Section 1703(f) of the Equal Educational Opportunities Act (EEOA), a school district must provide services that will enable limited English proficient [LEP] students to “overcome barriers that impede equal participation by these students in the district’s instructional programs” (see 20 USC 1703). Section 14C-3 of the School Code, however, authorizes school districts to discontinue services to students who have been enrolled and participated in the TBE or TPI program for three consecutive years. In instances where a school district chooses to discontinue TBE or TPI program services as permitted under Section 14C-3 of the School Code for those students who have not achieved English proficiency as determined by the process set forth in Section 228.25(b) of 23 IL Administrative Code, the district shall submit a plan to the State Superintendent that describes the actions it will take to meet its obligations under Section 1703(f) of the EEOA.

Any amendments to the plan shall be submitted to the State Superintendent no later than 30 days following adoption of the changes.

For further information on how to prepare a plan, review the state guidance found at http://www.isbe.net/bilingual/pdfs/228.27_guidance_lang_svcs.pdf

DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE
SUPERINTENDENT NAME	SUPERINTENDENT E-MAIL
ADDRESS (Include Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
	FAX (Include Area Code)

ADMINISTRATIVE STAFF RESPONSIBLE FOR OVERSEEING AND IMPLEMENTING THE ALTERNATE LANGUAGE INSTRUCTION PROGRAM
(if different from Superintendent):

NAME	TITLE
ADDRESS (Include Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
	FAX (Include Area Code)
E-MAIL ADDRESS	

ATTENDANCE CENTERS: List the attendance center(s) under this plan:

ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME
ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME
ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME
ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME
ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME
ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME
ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME

5. Describe the resources which will be available to support the alternate language instruction program.

Equipment:

Instructional Materials:

Other:

How will the district ensure that sufficient resources shall be made available to support the alternate language instruction program?:

6. Describe the procedures and criteria used to monitor the performance of ELL students in academic subjects and English acquisition in the alternate language instruction program.

7. Describe the English language acquisition program at each affected attendance center on Attachment 1.

NAME OF ATTENDANCE CENTER

Projected # of ELL students who will be served under this plan in the next school year

GRADE LEVELS								
4	5	6	7	8	9	10	11	12

Identify the program model to be implemented for the alternate language instruction program. Check (✓) all that apply.

TYPE OF PROGRAM MODEL	SELF-CONTAINED	DEPARTMENTALIZED	PULL-OUT	PUSH-IN	TEAM TEACHING
Transitional Bilingual Education	<input type="checkbox"/>				
Dual Language/Two Way Immersion	<input type="checkbox"/>				
Sheltered English Instruction	<input type="checkbox"/>				
Developmental Bilingual Education	<input type="checkbox"/>				
English as a Second Language (ESL)	<input type="checkbox"/>				
Content Based ESL	<input type="checkbox"/>				
Content Area Tutoring	<input type="checkbox"/>				
Other : _____	<input type="checkbox"/>				
Other : _____	<input type="checkbox"/>				

List the names and qualifications of the staff who will implement the program. Check (✓) all that apply.

CERTIFIED TEACHERS NAME (FIRST, LAST)	TEACHING CERTIFICATES						ENDORSEMENT/APPROVAL			
	03	04	09	10	ET	*	BILINGUAL		ESL	
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									
	<input type="checkbox"/>									

ET – Visiting Exchange Teacher Certificate

*Other

Paraprofessional Staff Check (✓) all that apply.		
NAME (FIRST, LAST)	STATE APPROVAL	NCLB APPROVAL
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>