



# Panel: Bilingual Parent Advisory Committee

## Panelists:

Sara Said (Elgin Math and Science Academy Charter School)  
La'Shanta Williams (Rock Island SD 41)

## Moderator:

Sonia Serrano and Rocio Seda, Principal Consultants  
Division of English Learners  
Illinois State Board of Education  
May 11, 2019



## Overview

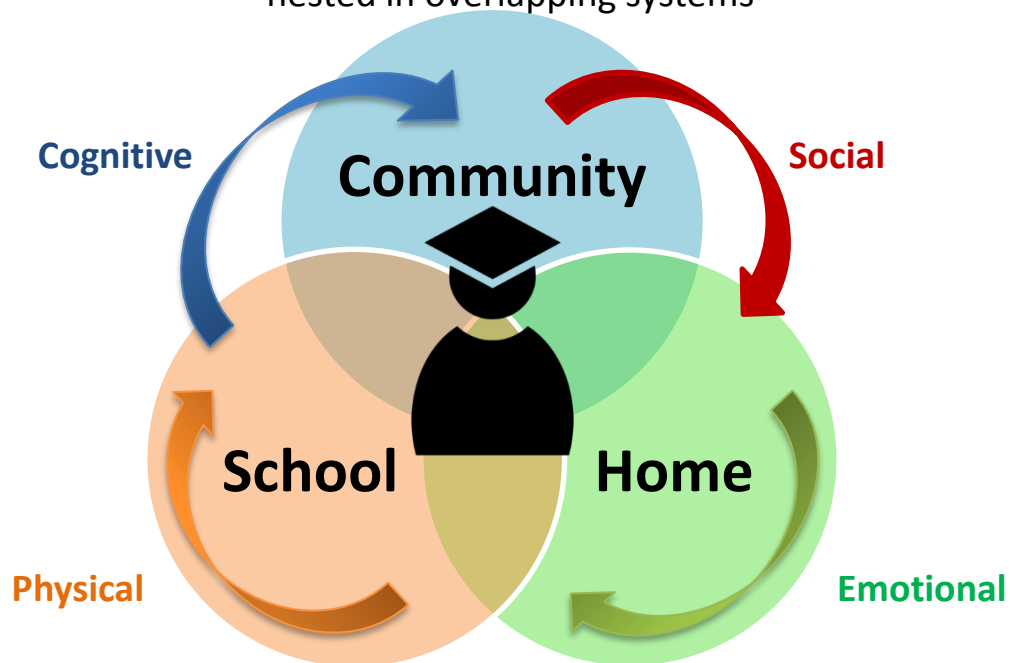
- The whole Child
- State Bilingual Parent Advisory Committee Responsibilities
- Panel Discussion
- Open floor Q&A with Panel
- Closing



# The Whole Child

4

A child within an ecology of multiple and interconnected parts  
nested in overlapping systems



3



# Transitional Bilingual Education

**Illinois School Code**  
**Article 14C Transitional**  
**Bilingual Education**

**State Rules**  
**Part 228 Transitional**  
**Bilingual Education**





## **Section 228.30 Establishment of Programs: Bilingual Parent Advisory Committee**

32

The Bilingual Parent Advisory Committee (BPAC) will:

1. Meet four times per year
2. Keep minutes of meetings
3. Receive training from the district to make informed decisions
4. Participate in planning, operation and evaluation of programs
5. Review bilingual program plan submitted to ISBE
6. After forming, the committee operates autonomously, including the election of officers and the establishment of internal rules and procedures



## Section 228.30 Establishment of Programs: Bilingual Parent Advisory Committee

### Examples of Workshops Districts Can Offer to BPACs:

- Types of assessments that their children take and results of such assessments
- State and federal laws related to their child's participation in bilingual programs
- Information related to instructional approaches and methods used in bilingual education programs





# Bilingual Service Plan

Browser window showing: http://webqa1.isbe.net/eGrant\_Web/ApplicationShell.aspx?Displ... Illinois State Board of Education ISBE Web Security Module - L... ISBE Connects Grant Application

File Edit View Favorites Tools Help

The application has been submitted. No more updates will be saved for the application.

Navigation tabs: Overview, Applicant Information, Plan Specific Pages, Assurance Pages, Submit, Application History, Application Print, Page Lock Control

Sub-sections: Program Information, Curriculum, Parent Advisory Committee

### Attendance Center Program Information

[Instructions](#)

Complete the requested information below.

Key: Types of Instructional Design

1. Dual Language - Two Way (Self-contained)
2. Dual Language - One Way (Self-contained)
3. Transitional Bilingual Program (Self-contained)
4. Transitional Bilingual Program (Collaboration)
5. Transitional Program in English (Self-contained)
6. Transitional Program in English (Collaboration)

\*\* A full-time teacher (30 hrs/week = 1 FTE, a half-time EL teacher 15 hrs/week = .5 and EL teacher serving ELs 7.5 hrs per week = .25 FTE)

Grade Level	Attendance Center Name	Program Type (check all that apply)		Types of Instructional Design (check all that apply)						Total Number of Bilingual and/or ESL Endorsed Teachers Serving ELs (including teachers with ESL-TBE and ELS-VIT)	FTE Position with ELs at this School (30 hrs/wk = 1.0 FTE**)	Number of Paraprofessionals with Approval/Endorsement to Service ELs
		TBE	TPI	1	2	3	4	5	6			
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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# Bilingual Service Plan

Browser tabs: Illinois State Board of Education, ISBE Web Security Module - L..., ISBE Connects, Grant Application

File Edit View Favorites Tools Help

Name  Role  Language(s)  Telephone   
 Street  City  State  Zip+4

Name  Role  Language(s)  Telephone   
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 Street  City  State  Zip+4

Name  Role  Language(s)  Telephone   
 Street  City  State  Zip+4

Name  Role  Language(s)  Telephone   
 Street  City  State  Zip+4

I certify that the Bilingual Parent Advisory Committee has had an opportunity to review this application.  
 Date:  Name of Committee Chairperson:

\* A printed copy of the completed page with the signature of the Committee Chairperson must be retained on file at the district for review upon request.

**Projected Dates**  
 (7/1/19 - 6/30/20)

Meeting	Activity
1.	<input type="text"/> Bilingual Advisory Committee Training (required activity).
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/> Review district's FY21 TBE/TPI program plan (required activity).
6.	<input type="text"/> Review district's EBF spending plan (required activity).

Taskbar: 2:06 PM 5/1/2019





I certify that the Bilingual Parent Advisory Committee has had an opportunity to review this application.

Date:  Name of Committee Chairperson:

\* A printed copy of the completed page with the signature of the Committee Chairperson must be retained on file at the district for review upon request.

- The BPAC must review the EL – Bilingual Service Plan
- The Committee Chairperson must indicate the date when the Plan was reviewed
- **This is for the current FY20 Plan**



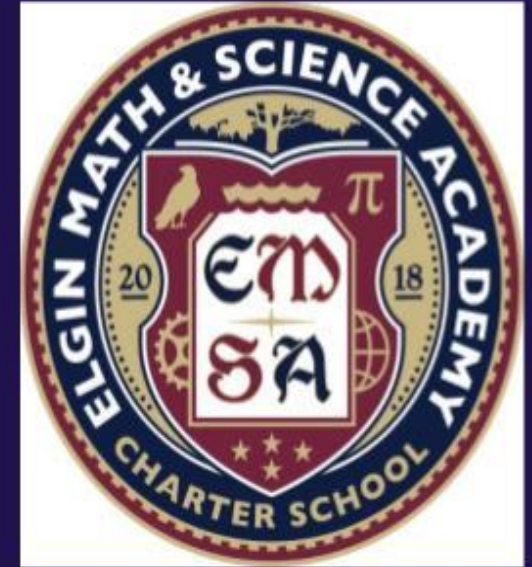
# PANELISTS' SELF-INTRODUCTIONS

## Panelists:

**Sara Said (Elgin Math and Science Academy Charter School)**  
**LaShanta Williams (Rock Island SD 41)**



# Who Are We?





# Who Are We?

- Charter school, located in Elgin, IL
- 45, Multilingual Students
- Languages: Spanish, Gujarati, Korean, Hindi, Polish, Lithuanian- 14 total
- MPAC- Multilingual Parent Advisory Crew





**692** PreK-12 English Learners

**31** Languages and Dialects

**BPAC Members:**

Family Literacy Program Parents & Instructor  
Family Engagement Liaison/EL Parent/Para  
Teacher(s)  
Translation Coordinator & Translator

**BPAC Involvement:**

- ◆ Bilingual Parent Survey
- ◆ Bilingual Parent Summit
- ◆ World Relief Sponsored Activities
- ◆ Guest Speakers
- ◆ Building BPAC Meetings



**La'Shanta Williams**  
EL/Bilingual Coordinator  
Rock Island School District 41  
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# PANEL DISCUSSION



**What steps did you take to start your  
BPAC?**



**What is the process of selecting the BPAC officials at your district?**





# What role do you play in supporting the BPAC?



**How often does the BPAC meet with the district administration?**



**Beyond the 4 meetings required by the state law what are other activities do you provide to the BPAC? And how do you get the parents to participate?**



# OPEN FLOOR Q&A



# Parent Engagement/BPAC

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## **Sarah Said**

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*Happy  
Mother's  
Day*



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