## **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 <a href="http://www.isbe.net/bilingual/pdfs/228.27\_guidance\_lang\_svcs.pdf">http://www.isbe.net/bilingual/pdfs/228.27\_guidance\_lang\_svcs.pdf</a>

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:	J						
ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME						
ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME						
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ATTENDANCE CENTER NAME	ATTENDANCE CENTER NAME						

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1.	Describe the process and criteria the district will use to make a determination of when to exit eligible ELL students from the TBE or TPI program (e.g., after a certain amount of time in the program, once a prescribed academic or proficiency level is achieved).
2.	Describe the language acquisition services and methods to be provided to ELL students who exit the TBE/TPI program prior to achieving English proficiency, including how the services and methods differ from the general program of instruction in content, instructional goals, and the use of English and home language instruction.
3.	How will the alternate language instruction program meet the educational needs of the students and build on their academic strengths?
4.	How will the alternate language instruction program specifically help the students learn English and meet academic achievement standards for grade promotion and graduation?

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 precedures and criteria used to manifer the performance of ELL students in coordanic subjects and English association					
Ο.	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.					

Projected # of ELL students who will be served under this plan in the next school year													
i rojected ii	GRADE LEVELS												
4	5	6	7 8		8	8 9		10 11		2			
Identify the	Identify the program model to be implemented for the alternate language instruction program. Check (✔) all that apply.												
TYPE OF PROGRAM MODEL		SELF-CONTAINED D		DEPARTMENTALIZED		PULL-OUT		PUSH-IN TEAM		TEAM TE	ACHING		
Transitional Bilingual Education													
Dual Language/Two Way Immersion													
Sheltered Er	Sheltered English Instruction												
Developmental Bilingual Education		ducation											
English as a Second Language (ESL)		uage (ESL)											
Content Based ESL													
Content Area Tutoring													
Other :													
Other :													
	List the names and qualifications of the staff who will implement the program. Check (✓) all that apply.  CERTIFIED TEACHERS  TEACHING CERTIFICATES  ENDORSEMENT/APPROVAL												
NAME (FIRST, LAST)				09	10 ET		*	BILINGUAL		ESL			

ET – Visiting Exchange Teacher Certificate

\*Other

Paraprofessional Staff Check (✓) all that apply.						
NAME (FIRST, LAST)	STATE APPROVAL	NCLB APPROVAL				