

EB Student Cumulative Folder Documentation Checklist

_____ School District / Charter School

Student Name:	Date of Birth:
----------------------	-----------------------

Initial Documentation		
√	Form	Date
	Home Language Survey	
	State-Approved English Language Proficiency Test for Identification	
	State-Approved Language Proficiency Test (Spanish), if applicable	
	LPAC Initial Review – Placement Recommendation	
	Parent Notification of Identification and Approval of Placement	
	Parent Denial of Program Placement, if applicable	

Annual Documentation - Date indicates when results were verified								
Documentation	Date	Date	Date	Date	Date	Date	Date	Date
English Language Proficiency Results (PreK Oral Language Proficiency or TELPAS)								
State Academic Assessment Results								
LPAC Review / Report on Progress								

Reclassification and Monitoring Documentation		
√	Form	Date
	State-Approved Norm-Referenced Standardized Achievement Test, if applicable (grades 1, 2, 11, 12)	
	Parent Notification of Reclassification and Approval of Exit from Bilingual or ESL Program (or Continuation of Dual Language Immersion Program, if applicable)	
	LPAC Review / Report on Progress - Year 1	
	LPAC Review / Report on Progress - Year 2	