*This form is to be maintained by the LPAC Representative/ Administrator.*

**LPAC Meeting Roster Form**

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| --- |
| **Date:** |
| **Independent School District/Charter School:** |
| **Campus:** |
| **LPAC Member Present:** |
| 1. | , Bilingual or ESL Educator |
| 2. | , Professional Transitional Language Educator/ESL Teacher |
| 3. | , Campus Administrator |
| 4. | , Parent Representative |
| 5. | , ARD Committee Representative (if needed)\* |
| 6. | , Other (Specify Title): |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Names** | **ID****Number** | **Years in****U.S.****Schools** | **Grade** | **Primary Language** | **Oral Language Proficiency Test Score (OLPT)** | **Norm Referenced Standardized Achievement Test Score(s)** | **Program Placement** | **TELPAS****Composite Score** | **State Assessment** |
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The student’s record or other record that transfers with the student shall contain documentation of all

actions impacting the English learner. \*LPAC must work in conjunction with the ARD Committee.

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