

SECTION: PROGRAMS

TITLE: Limited English  
Proficiency Program

ADOPTED: 5/25/04

REVISED: 6/23/08; 6/19/12

# Oxford Area School District

## 7310. LIMITED ENGLISH PROFICIENCY PROGRAM

In accordance with the Board's philosophy to provide a quality educational program to all students, the district shall provide an appropriately planned instructional program for identified students whose dominant language is not English. The purpose of the program is to increase the English language proficiency of eligible students so that they can attain the academic standards adopted by the Board and achieve academic success. Students who have limited English proficiency (LEP) will be identified, assessed and provided with appropriate services.

The Board shall adopt a program of educational services for each student whose dominant language is not English. The program shall include bilingual/bicultural or English As A Second Language instruction. The program shall be based on effective research-based theory, be implemented with sufficient resources and appropriately trained staff, and be evaluated periodically.

The Board shall include the provisions for the LEP program in its Strategic Plan and require appropriate training for professional staff in its Professional Education Plan.

The Superintendent or designee shall implement and supervise an LEP program that ensures appropriate LEP instruction in each school that complies with federal and state laws and regulations.

LIMITED ENGLISH PROFICIENCY LEARNER

The Superintendent or designee, in conjunction with appropriate stakeholders, shall develop and disseminate written procedures regarding the LEP program including:

1. Program goals.
2. Student enrollment procedures.
3. Assessment procedures for program entrance, measurement of progress, and program exit.
4. Classroom accommodations.
5. Grading policies.
6. List of resources, including support agencies and interpreters.

The district shall establish procedures for identifying students whose dominant language is not English. The Home Language Survey shall be completed for each student in the district and filed in the student's permanent record folder through graduation.

For students whose dominant language is not English, assessment of the student's English proficiency level must be completed to determine the need for English As a Second Language instruction.

Students whose dominant language is not English should be enrolled in the district in accordance with District policy and state law. Students shall have access to and be encouraged to participate in all academic and extracurricular activities available in the district.

Students participating in LEP programs shall be required, with accommodations, to meet established academic standards and graduation requirements adopted by the Board.

The LEP program shall be designed to provide instruction that meets each student's individual needs, based on the assessment of English proficiency in listening, speaking, reading and writing. Adequate content area support shall be provided while the student is learning English, to assure achievement of academic standards.

The LEP program shall be evaluated for effectiveness as required, based on the attainment of English proficiency, and shall be revised when necessary.

Certified professional employees and appropriate support staff, when necessary, shall provide the LEP program.

At the beginning of each school year, the district shall notify parents of students qualifying for LEP programs regarding the instructional program and parental options as required by law. Parents will be regularly apprised of their student's progress. Communications with parents shall be in the language understood by the parents, whenever possible.

The district shall maintain an effective means of outreach to encourage parental involvement in the education of their children.

PROGRAMS FOR LIMITED ENGLISH PROFICIENCY STUDENTS  
(Student Home Language Survey)

Student's Name:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_

Person Completing Survey: \_\_\_Mother \_\_\_Father \_\_\_Student \_\_\_Guardian  
\_\_\_Other (specify): \_\_\_\_\_

Circle the best answer to each question and provide additional information:

1. Was the first language you learned English? No Yes
2. Can you speak a language other than English? No Yes
3. Is any language other than English used at home: No Yes
4. Which language do you use most often with friends?  
English Other: \_\_\_\_\_
5. Which language do you use most often with parents?  
English Other: \_\_\_\_\_
6. Which language do you use most often with other  
relatives? English Other: \_\_\_\_\_
7. Have you attended school in a country other than  
the United States? No Yes  
(How long/what grades?)

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8. Have you attended another school in the  
United States? No Yes  
(Where and how long?)

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9. Have you attended another school in  
Pennsylvania? No Yes  
(Where and how long?)

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10. Please provide any other related information that would help the school (for example, referral to gifted or special education programs in prior schools, etc.):

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Note to school staff: This form should be given to all new and enrolling students. Any student that indicates the use of a language other than English should be assessed as to English proficiency. Elaboration on any of the above answers may be useful before administering detailed tests.

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PROGRAMS FOR LIMITED ENGLISH PROFICIENCY STUDENTS  
(Parental Notification for Children Identified as Limited English Proficient)

Your child \_\_\_\_\_, has been identified as needing additional instruction to achieve English proficiency. The basis for this identification is

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Using (list assessment instruments and methods here \_\_\_\_\_)

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Your child was identified at (describe level of proficiency)

Additionally your child's current academic achievement is (describe GPA, standardized test scores, reading level etc.)

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The Oxford Area School District uses the following method(s) of language instruction (list and explain the methods offered and how they compare with each other)

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We have chosen to place your child in a program using a

\_\_\_\_\_ method.

We believe this is the best method for improving your child's English proficiency because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This/those method(s) will benefit your child academically and will help your child achieve at an age-appropriate level because/by

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your child will be exited from this program upon (state exit criteria such as test scores, reading level, verbal ability, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We anticipate that your child will transition from this course of study by (describe anticipated time line) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have the right to remove your child from the program.

You have the right to choose among the various programs offered by the district. (Only include if more than one (1) option is available).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have the right to assistance by a district representative. The district representative will assist you in choosing a program and monitoring your child's progress within the program.

(If a child is also on an IEP) This program will assist your child in meeting the following IEP objectives (list objective and way in which the program will assist in meeting that objective)

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Appendix B - policy 7310  
5/25/04  
Revised 6/23/08;6/19/12



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PROGRAMAS PARA LOS ESTUDIANTES DE LIMITADO CONOCIMIENTO DE INGLES  
(ENCUESTA DEL IDIOMA HABLADO EN EL HOGAR)

Nombre de estudiante:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Fecha: \_\_\_\_\_ Escuela: \_\_\_\_\_

Persona llenando la encuesta: \_\_\_ Madre \_\_\_ Padre \_\_\_ Estudiante \_\_\_ el  
representante legal \_\_\_ otro (explique): \_\_\_\_\_

Haga usted un circulo en la respuesta para cada pregunta y incluya  
información adicional:

1. ¿Aprendió usted inglés como su primer idioma? No    Sí
2. ¿Puede usted hablar otro idioma además de inglés?            No    Sí
3. ¿Hay otro idioma que usan uds. en casa?    No    Sí
4. ¿Cuáles idiomas usan uds. más con los amigos?  
inglés                    Otros: \_\_\_\_\_
5. ¿Cuáles idiomas usan uds. más con los padres?  
inglés                    Otros: \_\_\_\_\_
6. ¿Cuáles idiomas usan uds. más con la familia?  
inglés                    Otros: \_\_\_\_\_
7. ¿Ha asistido usted a alguna escuela en un país además de los Estados  
Unidos?            No    Sí  
(¿Por cuánto tiempo?/¿En que grados?)

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8. ¿Ha asistido usted a alguna escuela en Los Estados Unidos?  
(¿Dónde y por cuánto tiempo?)

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9. ¿Ha asistido usted a alguna escuela en Pennsylvania?  
                                  No    Sí  
(¿Dónde y por cuánto tiempo?)

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10. Favor de dar más información que pueda ayudar a la escuela (por ejemplo, información de programas especiales que necesita el estudiante):

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Nota para los de la escuela: Este forma debe ser llenado por cada estudiante nueva que matricule en la escuela. Cualquier estudiante que indique el uso de un idioma además de ingles necesita un examen para ver su nivel en inglés. La información en este forma pueda ayudar con los examenes.

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PROGRAMAS PARA LOS ESTUDIANTES DE LIMITADO CONOCIMIENTO DE INGLES  
(Notificación para los padres de los estudiantes que son identificados  
como estudiantes de limitado conocimiento de inglés)

Su hijo o hija \_\_\_\_\_, necesita ayuda adicional  
para mejorar su inglés. La base para esta identificación es

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El examen que usamos para determinar su nivel de inglés fue

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Su hijo o hija fue identificado en este nivel

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Adicionalmente su nivel académico actual de niño es (describe su GPA,  
notas en los exámenes nacionales, nivel de la lectura etc.)

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El Distrito de Oxford Area utiliza los métodos siguientes de la  
instrucción del idioma (Haga una lista y explicación de los métodos  
ofrecieron y cómo los comparan uno con el otro)

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Hemos escogido poner a su niño en un programa que utiliza el método

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Nosotros creemos que este método es el mejor para mejorar el inglés de  
su hijo o hija porque

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Este método ayudará a su hijo o hija con sus académicas y ayudará a su hijo o hija a lograr su nivel apropiada porque

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Su hijo o hija saldrá de este programa cuando (criterios del estado como notas de los exámenes, nivel de la lectura y habilidad de hablar)

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Anticipamos que su niño hace la transición de estos estudios por (describe el tiempo anticipado) \_\_\_\_\_

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Usted tiene el derecho de sacar a su hijo o hija de este programa.

Usted tiene el derecho de escoger un programa diferente que ofrece el Distrito de Oxford Area. (Solamente incluye si hay más de una opción(1)).

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Tiene usted el derecho de recibir ayuda de un representante del distrito. El representante del distrito ayudará a usted para escoger un programa y para mirar el progreso de su hijo o hija en su programa.

(Si un niño tiene un IEP) Este programa ayudará a su hijo o hija en logrando las metas de su IEP (Escribe las metas y la manera en que ayudará el programa con las metas)

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