



**BREVARD COUNTY PUBLIC SCHOOL  
COMPLIANCE LETTER: ELL COMMITTEE  
REFERRAL/ RECOMMENDATION FORM  
FLORIDA'S COMMITMENT TO ALL ENGLISH LANGUAGE LEARNERS**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Date of Entry into U.S. Schools (DEUSS): \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Student's current placement  LP  LY  LF

**Purpose of Meeting :**

- Determine Eligibility & Placement
- Review Student's Academic Progress
- Extension of Services (EOS)/ Reevaluation
  - Window 1       Window 2
- Exit
  - Testing Criteria     Exit through "L"
- LF Students
  - Florida County Transfer to BPS
  - Reclassification (LF to LY)
- Other

**Data (3 minimum required):**

- WIDA Screener Overall score
- ACCESS for ELLs (Reading/Overall)
- State English Language Arts Assessment
- ACT/ SAT
- F.A.S.T.E.R.
- School Based Assessment
- Accommodation Form
- Other: \_\_\_\_\_

**Meeting Notes**

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**Please, use the back of this form to document all pertinent information presented, the academic plan of success, and final committee decisions.**

**SB1108** (Only for students with an IEP.)

- School personnel **have not** prohibited, discouraged, or attempted to discourage me from inviting a person of my choice to today's meeting.
- School personnel **have** prohibited, discouraged, or attempted to discourage me from inviting person(s) of my choice to today's meeting.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

ELL Committee Members in Attendance (minimum of 3 school faculty members):

Title	Name (print)	Signature
Administrator/ Designee	_____	_____
ESOL Contact	_____	_____
ELA/ ILA/ ESOL Teacher	_____	_____
Parent/ Guardian	_____	_____
Other:	_____	_____