



LEP Meeting Minutes

Date: _____

Time: _____

Student Initials: _____

Student ID #: _____

Rationale for Recommendation:

Recommendations:

Assessment Data:

FSA/SAT _____

iReady AP1 _____ AP2 _____ AP3 _____

CELLA On-Line/ACCESS: Listening/Speaking _____ Reading: _____

Writing: _____

Total Performance (Average): _____

Attendees:

ESOL Compliance Liaison _____

Teacher _____

Parent _____

Other (s) _____