ELL Compensatory Instruction for English Language Development  
Written Individualized Compensatory Plan (WICP)

Student Name (Last, First): ____________________________________________ Date: ____________

School: ___________________________ School Year: __________________

Grade: ____________ SSID Number: _________________ Primary Home Language: ___________

Student’s overall AZELLA proficiency level upon entry into compensatory instruction program: (circle one)

Pre-Emergent  Emergent  Basic   Intermediate  Proficient

Teacher(s) providing compensatory instruction: ______________________________________________

Types of Compensatory Instruction to be provided to this EL or recent FEP student and related dates:

Extended day classes  ____ Date started: ____________ Date ended: ____________

Summer school  ____ Date started: ____________ Date ended: ____________

Intersession  ____ Date started: ____________ Date ended: ____________

Individual instruction  ____ Date started: ____________ Date ended: ____________

Small group instruction  ____ Date started: ____________ Date ended: ____________

Other programs  ____ Date started: ____________ Date ended: ____________

Measurable annual goal(s):

___________________________________________________________________________________

Instructional objectives targeted to improve English proficiency:

1.___________________________________________________________________________________

2.___________________________________________________________________________________

3.___________________________________________________________________________________

Assessments used in Compensatory Instruction program to measure progress:

1.___________________________________________________________________________________

2.___________________________________________________________________________________

3.___________________________________________________________________________________

Teacher providing Compensatory Instruction               Date

___________________________________________________ ______________________________________________

Parent   Date    Principal                                Date

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Note: A WICP form is required for each student participating in a Compensatory Instruction Program. This form must be kept in the student’s cumulative file. (R7-2-306(F)(4))