

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

Student Name (Last, First): _____ Date: _____

School: _____ School Year: _____

Grade: _____ SAIS 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 ELL 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))