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Miaimi-Dade County Public Schools
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Division of Advanced Academic Programs
Educational Plan (EP) Modification Form
for Gifted LEP (Limited English Proficient) Students

Print Student's Name ID # Date

The Teacher of the Gifted is responsible for the completion of this form.

I. General Information

ESOL Level _____ (Levels I-IV complete Section III or Level V complete Section II)

Initiation of EP Services Date _____ Duration of EP ☐ 1 year ☐ 2 years

II. ESOL Level V Students

ESOL Level V Students are monitored for two years from their exit date. Exit Date_____

☐ Adequate Progress (No Modification Required)* ☐ Modification Required**

*No additional information is required.

**Complete Section III.

III. Modification(s)

Please check appropriate modification(s).

Curriculum

☐ Provide research and reference materials in student's native language.
☐ Encourage journal writing/stories/poems in student's native and second language.
☐ Teach essential vocabulary and provide a word bank.
☐ Reinforce language learning along with content.
☐ Provide opportunities to develop comprehension of idiomatic expressions and enhancement of vocabulary usage.

Instructional Strategies

☐ Institute independent and/or small group research projects using native language resources.
☐ Provide for reinforcement of language skills through oral and hands-on activities.
☐ Provide opportunities for language development in native and second language.
☐ Use questioning strategies to ensure comprehension.
☐ Incorporate student focused activities based on student interest.

Assessment

☐ Use oral portfolios.
☐ Utilize performance-based activities in the evaluation process.

Parental Involvement

☐ Have parent conferences in student's native language.
☐ Provide materials in student's native language.

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IV. Comments, additional strategies, materials, etc.