



**Arkansas Department of Education (ADE)  
Language Minority Student Exit/Monitoring Form**

**The Language Minority Student (LMS) Exit Form is completed when determining whether a student is a Former English Learner or not. Please check the reason for using this form:**

- 1)  **Initiating placement as a Former English Learner**
- 2)  **Documenting a prior exit that was not documented**
- 3)  **Monitoring a Former English Learner (ELL Exit Date: \_\_\_\_\_)**

<b>Student Name:</b>	<b>Grade:</b>	<b>Date:</b>
<b>School:</b>	<b>Student State ID #:</b>	<b>ELL Entry Date:</b>
		<b>Date of Birth:</b>
<p><b>English Language Proficiency Assessment Data</b> When initiating placement as a Former English Learner or documenting a prior exit, evidence must be provided to demonstrate proficiency in English aligned with the Arkansas English Language Proficiency Standards. <b>(Not available or required for Monitoring a Former English Learner.)</b></p>	<input type="checkbox"/> <b>ELPA21 Screener Proficiency Profile: _____, Date: _____</b> <b>OR</b> <input type="checkbox"/> <b>ELPA21 Summative Proficiency Profile: _____, Date: _____</b> <b>OR</b> <input type="checkbox"/> <b>Prior state approved ELP assessment scores/dates:</b>	
<p><b>Supporting Evidence/Professional Judgment</b> At least two pieces of evidence providing confirmation of a student's ability to meet grade-level performance expectations in literacy in ELA/Science/Social Studies and/or Math.</p>	<p><b>Measure: _____ Result: _____ Date: _____</b></p> <p><b>Measure: _____ Result: _____ Date: _____</b></p> <p>___ No evidence exists to confirm the student's academic literacy is at a level comparable to never-EL peers.</p>	
<p><b>Recommended Status</b> Choose whether the student is recommended for English Learner or Former English Learner status. If choosing Former English Learner status, indicate which year of monitoring the student is beginning or if monitoring is completed.</p>	<input type="checkbox"/> English Learner (eSchool "Value Box" Checked) <b>OR</b> <input type="checkbox"/> Former English Learner (ELL Exit Date: _____) ___ Monitored Year 1 (M1) ___ Monitored Year 2 (M2) ___ Monitored Year 3 (M3) ___ Monitored Year 4 (M4) ___ Monitoring Completed	

LPAC MEMBERS' SIGNATURES (All required)	POSITION
1.	Administrator
2.	ESOL Designee
3.	Mainstream Teacher/Counselor

\_\_\_\_ Parent notification of Determination    Date: \_\_\_\_\_