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: ____________)

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Student State ID #:</td>
<td>ELL Entry Date:</td>
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**English Language Proficiency Assessment Data**
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. *(Not available or required for Monitoring a Former English Learner.)*

- _____ ELPA21 Screener
  - Proficiency Profile: __________, Date: ______________
- OR
- _____ ELPA21 Summative
  - Proficiency Profile: __________, Date: ______________
- OR
- _____ Prior state approved ELP assessment scores/dates:

**Supporting Evidence/Professional Judgment**
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.

- Measure: ______________ Result: _________ Date: _______
- Measure: ______________ Result: _________ Date: _______
- No evidence exists to confirm the student’s academic literacy is at a level comparable to never-EL peers.

**Recommended Status**
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.

- _____ English Learner (eSchool “Value Box” Checked)
- OR
- _____ 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)**

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<thead>
<tr>
<th>POSITION</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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_____ Parent notification of Determination  Date: ____________