

**LAU PLAN
APPENDIX II**

Individual Language Acquisition Plan

Student _____ School: _____
Birthdate: _____ School Year: _____
Grade: _____

Assessments Administered:

Summary of Results:

Recommendations/Strategies:

Methods of Evaluation:

Plan to be reviewed: _____
(month/year)

Language Assessment Committee

<u>Name</u>	<u>Role</u>
_____	_____
_____	_____
_____	_____
_____	_____

This plan is developed for the purpose of insuring continued student progress. The plan will be reviewed on the specified review date, or sooner, if requested by the parents of school staff.

Administrative Procedure Adopted: 4/13/10
Administrative Procedure Reviewed: 4/3/12
Administrative Procedure Revised: 3/24/17