



**Miami-Dade County Public Schools  
Supplemental Monitoring Form  
For Use in ESOL and ESE Classrooms**

School Name \_\_\_\_\_ School # \_\_\_\_\_

Assessment Program \_\_\_\_\_ Test Subject \_\_\_\_\_ Room # \_\_\_\_\_

Classroom Type: ESOL \_\_\_\_\_ ESE \_\_\_\_\_ Number of Students \_\_\_\_\_

Please circle your response to the following questions based on your observations and information provided by the School Assessment Coordinator and/or Test Administrator.

1. Were student's IEP's, 504 plans and or LEP plans reviewed in planning for individual accommodations? Yes No

**English for Speakers of Other Languages (ESOL) Classrooms**

1. Were LEP Students tested in a separate room with the ESOL or heritage language teacher acting as a test administrator or proctor? Yes No Not Observed

2. Were dictionaries made available to LEP students during testing? Yes No Not Observed

If yes, were only word to word dictionaries used by the students? Yes No Not Observed

3. Were LEP students provided with additional time to complete the assessment? Yes No Not Observed

4. Did the test administrator provide test directions to students in their heritage language? Yes No Not Observed

5. Were LEP students provided with assistance on a one-on-one basis in their heritage language during the test? Yes No Not Observed

6. Did the ESOL Test Administrator assure that accommodations used by individual LEP students did not interfere with the concentration and test taking of the other students in the room? Yes No Not Observed

**Exceptional Student Education Classrooms\***

1. Were ESE students answering test questions using varied response methods (such as Braille, signing answers, or verbally providing answers)? Yes No Not Observed

If yes, please list the observed response format(s) on the back of this form.

2. Were ESE students provided with additional time to complete the assessment? Yes No Not Observed

3. Was the test session divided into shorter test administration segments? Yes No Not Observed

4. Did the ESE Test Administrator assure that accommodations used by individual ESE students did not interfere with the concentration and test taking of the other students in the room? Yes No Not Observed

Comments: Please explain any procedures or occurrences that may have seemed unusual on the back of this form.

\_\_\_\_\_  
Monitor Print Name

\_\_\_\_\_  
Monitor's Signature

\_\_\_\_\_  
Date

\*Students classified as disabled under Section 504 Rehabilitation ACT of 1973 are also entitled to receive these accommodations.