

**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

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------------|
| 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*

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| 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.