POLICY:

It is District policy that the guidelines and procedures outlined in this Bulletin must be followed when identifying English learners with a disability as low-verbal/non-verbal relative to language performance.

MAJOR CHANGES:
The policy replaces Bulletin No. M-120, *Guidelines for English Learners (ELs) with Disabilities (K-12)*, issued by the Office of the Deputy Superintendent, Instruction and Curriculum on April 3, 2000. The California English Language Development Test (CELDT) must be administered to all students, including students with an Individualized Education Program (IEP). Only after the determination that a student’s language skills are low-verbal/non-verbal can the alternate language development procedures be implemented.

BACKGROUND:

Senate Bill 638 (Albert, Chapter 678/1999) requires school districts to administer the CELDT to determine a student’s language classification and to monitor ongoing progress of English language acquisition.

Additionally, the CELDT must be administered to new enrollees to California public schools who have a home language other than English, including students with an IEP. The *Master Plan for English Learners* is the District’s policy governing the education of students classified as limited-English-proficient (LEP), including low-verbal/non-verbal students with disabilities. All ELs with disabilities must receive both Master Plan and special education services, which address their academic and linguistic needs as determined by the IEP team. All general and special education teachers who work with ELs must have the appropriate authorization to teach these students or be in the process of obtaining authorization in accordance with State regulations and District policies.

Note: Low-verbal/non-verbal is a description of a level of language performance. Low-verbal/non-verbal is *not* an eligibility category for special education. Students fluent in American Sign Language (ASL) or an English Sign System are *not* considered low-verbal/non-verbal. When ASL or an English Sign System is the primary language of the family, the student will be classified as English Only (EO).
PROCEDURES:  I. STUDENT IDENTIFICATION

In order for a student with disabilities in grades K-12 to be identified as a potential low-verbal/non-verbal English learner, both of the following conditions must exist:

A. The student was unable to respond to all components of the Initial CELDT in English (L2) or received a minimal scale score in listening, speaking, reading, and writing on the Initial CELDT as indicated on the Initial Identification of Language Classification for Low-Verbal/Non-Verbal Students with Disabilities (Attachments A and A1).

B. The student received a minimal score in all components of the Primary Language (L1) Assessments or received a score of NON on one of the following instruments: PRE-Language Assessment Scales (PRE-LAS) - Español, Language Assessment Scales (LAS)-Español or Basic Inventory of Natural Languages (BINL). When the primary language is not one of the 27 BINL languages listed in Reference Guide No. 2586.3, Primary Language Assessments in Languages Other Than Spanish, K-12, August 2, 2007, then the date of the Informal Language Assessment of Home Language Literacy (ILAHLL) is entered into the Student Information System (SIS): Elementary SIS (ESIS) Screen 5, Field 148 and Secondary SIS (SSIS) ID-01 Field 333.

For specific information on the Initial CELDT, and Annual CELDT refer to the Student Testing and Assessment Office page on the Los Angeles Unified School District website. CELDT instructions are also located in the Los Angeles Unified School District Testing Notebook at every school site.

II. INITIAL ALTERNATE LANGUAGE DEVELOPMENT PROCEDURES

A. Once it has been determined that a student with disabilities is a potential low-verbal/non-verbal English learner, the following alternate assessments must be administered within 30 days after administration of the Initial CELDT:

1. The Parent Interview (PI) for Low-Verbal/Non-Verbal Students with Disabilities (Attachment B), identifies the dominant language used by the family in the home. A bilingual teacher or a teacher assisted by a bilingual individual must conduct the PI in the parent’s home language following the hand scoring of the Initial CELDT.

2. The Observation Checklist (OC) for Low-Verbal/Non-Verbal Students with Disabilities (Attachment C) identifies the dominant language used by the student in school. A bilingual teacher or a teacher assisted by a bilingual individual must administer the OC in both the family’s home language and English.
PROCEDURES:

B. After completion of the PI and OC, the student is classified as LEP or EO as explained below:

1. A student is identified as LEP when the family’s home language is not English and one of the following is indicated on either the PI or the OC: (1) the student responds to and/or uses a language other than English; (2) the student’s dominant language in school is not English, American Sign Language, or an English sign system.

2. A student is identified as EO when the family’s dominant home language is English and one of the following is indicated on either the Parent Interview or the Observation Checklist: (a) the student exclusively responds to and/or uses English, American Sign Language or an English sign system and no other language or (b) the student has no response (NR) to any of the language observation activities.

C. When the student is classified LEP or EO, the Planning, Assessment and Research (PAR) Request for Classification Label for Low-Verbal/Non-Verbal Students with Disabilities (Attachment D) is completed and sent by the school site EL Coordinator to Eva Garcia, Specialist, 21st floor, Beaudry Building. PAR will generate the labels which will be sent to the school. The procedures for placing labels in the Cumulative Record Card (CUM) are as follows:

1. For elementary students:
   - The Initial CELDT label should be placed in section 4 “LAU Information” of the student’s CUM in the area reserved for “Oral English Proficiency Test Label”.
   - A green label indicating the student’s initial alternate classification and non-proficient language level in both English and the primary language (Non/Non) is to be placed on the student’s CUM, at the beginning of Section 5, “Educational Growth and Development: Teacher Observations and Test Results”. The SIS code that indicates the student is on the alternate assessment is OC.

2. For secondary students:
   - The Initial CELDT label should be placed in section 13, “Significant Information” of the student’s CUM in the 1st box, under “Oral Language Tests”.
PROCEDURES:  

- A green label indicating the student’s initial alternate classification and non-proficient language level in both English and the primary language (Non/Non) is to be placed on the student’s CUM, in section 13, in “Significant Information”, in the 4th box under Oral Language Tests. The SIS code that indicates the student is on the alternate assessment is PI-OC.

D. Once the student has been classified as a low-verbal/non-verbal English learner, the following Alternate Language Monitoring Procedures must be implemented as follows:

1. The initial Communication and Observation Matrix (COM) which has five COM levels, all of which are lower than ELD 1, is used in place of the English Language Development (ELD) Assessment Portfolio. The COM is administered to the student twice, once in English and once in the student’s primary language. An authorized bilingual teacher, or a teacher assisted by a bilingual individual must administer and score the initial COM (Attachments E and E-1).

2. The initial COM date, score, and level for both English and the primary language will be entered by PAR in ESIS Screen 5 and in SSIS ID01 300 Fields and is also used in lieu of the ELD level ESIS Screen 24 (See Attachment D1). The student’s IEP must be amended to reflect Master Plan services within 30 calendar days of the student designation of LEP. The teacher must immediately notify the administrator, the IEP case manager, and the school EL Coordinator that an IEP team meeting must be held.

III. ANNUAL MONITORING OF ALTERNATE LANGUAGE DEVELOPMENT PROCEDURES

A. The COM is administered annually to assess ongoing communication progress towards English language acquisition. The Annual COM must be administered during the same testing window as the Annual CELDT. The Annual COM date, score, and level replace Individuals with Exceptional Needs (IWEN) Screen 24 ESIS and 700 IWEN Fields SSIS. The initial COM is entered in SIS and is used in lieu of the ELD level and the Annual CELDT.

Low-verbal and non-verbal special education students who cannot respond to the CELDT questions must have booklets (K-2), or scannable answer books (3-12), returned as scorable materials. In Box 22 “Test Variations,” “Alternate Assessment” must be bubbled. Attach a barcode label or complete the demographic information if labels are not provided.
PROCEDURES: The Annual COM is administered and scored using the same procedures outlined for the Initial COM. The Annual COM may be administered in English and/or the student’s primary language according to the following guidelines:

1. Administer the COM in English only, when the student’s IEP indicates Master Plan services with ELD and academic subjects through Specially Designed Academic Instruction in English (SDAIE) with primary language support equivalent to English immersion.

2. Administer the COM in both English and Primary Language (L1) when the student’s IEP indicates Master Plan services with ELD and academic subjects through primary language in order to monitor both English and L1 progress equivalent to basic bilingual.

B. Enter the current COM level(s) in the SIS and place the COM in the Master Plan blue folder in the student’s cumulative record (see Attachment D-1).

C. When the student reaches a COM score of 5, the COM is no longer administered.

1. The student’s first ELD level will be entered in Screen 6 ESIS.

2. The Annual CELDT must now be administered using the accommodations and/or modifications specified on the student’s IEP, if any. The student must receive these same accommodations and/or modifications, if any, during daily instruction.

3. After administering the Annual CELDT, an entry ELD level will be determined; the school site administrator or designee must distribute the appropriate level ELD Assessment Portfolio to the classroom teacher to document ongoing ELD progress. SIS must be updated as student completes each ELD level.

IV. PARENT NOTIFICATION

A. The Parent Notification of Initial Language Test Results for a Low-Verbal/Non-Verbal Student with a Disability (Attachment F-1) is used to notify parents of low-verbal/non-verbal ELs of their child’s initial language classification and English and primary language proficiency assessment results. The parent notification letter should be signed by the parent and filed in the blue folder in the student’s cumulative record.
PROCEDURES:  B.  An IEP meeting must be convened and amended to add Master Plan service options. These service options include:

1. English Language Development (ELD) and academic subjects through primary language instruction;

2. English Language Development (ELD) and academic subjects through Specially Designed Academic Instruction in English (SDAIE) with primary language support;

3. English Language Development (ELD) and content using Specially Designed Academic Instruction in English (SDAIE).

The IEP team shall discuss the service options with the parent to determine appropriate Master Plan service to address the student’s needs. The IEP team writes linguistically appropriate goals and objectives and completes the Master Plan for English learners. Please refer to the Special Education Policies and Procedures Manual, Division of Special Education, July 2007.

C. The Annual Assessment Results and Service Options for Low-Verbal/Non-Verbal English Learners with Disabilities (Attachment G) is used to annually notify parents of COM and California Alternate Performance Assessment (CAPA) progress as well as the program placements (see above) for the school year as indicated by the student’s IEP.

1. Attachment G should be completed by the classroom teacher.

2. The school site EL Coordinator is responsible for obtaining the parent’s signature and filing the signed form in the blue folder.

3. If requested by the parent, work with the school site administrator and teacher to convene a parent conference to discuss Master Plan service options. If, during this conference a decision to change the current Master Plan instruction is indicated, an IEP team meeting must be convened and amended to reflect the change of the service, and if necessary, write a new ELD goal(s) and objectives.

V. STUDENT INFORMATION SYSTEM

A. Once Planning, Assessment and Research receives the PAR Request for Classification Label for Low-Verbal/Non-Verbal Students with Disabilities (Attachment D), PAR will download the classification results from the PI and OC into the school’s SIS and send the school a green alternate classification label.
PROCEDURES:

B. The green label is to be placed on the student’s CUM, at the beginning of Section 5, “Educational Growth and Development: Teacher Observations and Test Results”.

C. The official CELDT scores will be returned by the state vendor. The state vendor will provide a CELDT label and parent reports.

D. The Initial CELDT label should be placed in section 4 “LAU Information” of the student’s CUM in the area reserved for “Oral English Proficiency Test Label”.

E. PAR will enter the Initial COM results into Screen 5 ESIS and ID01 300 Fields SSIS.

F. The school site EL Coordinator is responsible for ensuring that the Annual COM is entered into the IWEN Screen 24 ESIS and IWEN 700 Fields in SSIS.

For questions regarding data entry please call Eva Garcia, Specialist at (213) 241-2450.

VI. STAFFING

All general and special education teachers, kindergarten through twelfth grade, must have the appropriate authorization to teach ELs or be in the process of obtaining authorization in accordance with State regulations and District policies. Please refer to the yearly memorandum from the Human Resources Division entitled “Authorization to Teach English Learner Students,” for a listing of the current appropriate teaching authorizations.

AUTHORITY: This is the policy of the Superintendent of Schools.

RELATED RESOURCES:

- Master Plan for English Learners Guide, 1996
- Memorandum No. 2049.2, Authorization to Teach English Learner (EL) Students, April 16, 2007.
ATTACHMENTS:

- Attachment A-1: Initial Identification of Language Classification for Secondary Low-Verbal/Non-Verbal Students with Disabilities
- Attachment B: Parent Interview for Low-Verbal/Non-Verbal Students with Disabilities
- Attachment C: Observation Checklist for Low-Verbal/Non-Verbal Students with Disabilities
- Attachment D: PAR Request for Classification Label for Low-Verbal/Non-Verbal Students with Disabilities
- Attachment D-1: Student Information System Procedures for the Annual COM
- Attachment E: Annual Low-Verbal/Non-Verbal Communication Observation Matrix (COM)
- Attachment E-1: Procedures for Administering and Scoring the Low-Verbal/Non-Verbal Communication Observation Matrix (COM)
- Attachment F (F1-F8): Parent Notification of Initial Identification for Low-Verbal/Non-Verbal Students with Disabilities
- Attachment G: Annual Assessment Results and Service Options for Low-Verbal/Non-Verbal English Learners with Disabilities
- Attachment G (G1-G8): Annual Assessment Results and Service Options for Low-Verbal/Non-Verbal English Learners with Disabilities

ASSISTANCE:

For Master Plan related questions, please call:
- Local District EL Coordinators
  LD 1 (818) 654-3651   LD 2 (818) 755-5400   LD 3 (310) 253-7129
  LD 4 (323) 932-2644   LD 5 (323) 224-3353   LD 6 (323) 278-3944
  LD 7 (323) 242-1372   LD 8 (310) 354-3418
- Language Acquisition Branch (213) 241-5582

For Special Education related questions, please call:
- Support Units
  North (818) 256-2800   Central/West (323) 421-2950
  East (323) 932-2155   South (310) 354-3431
- Yolanda Garcia-Carrillo, Coordinator, Compliance Department (213) 241-3355
- Gloria Lopez, Director of Instructional Initiatives (213) 241-8051

For Student Information System related questions, please call:
- Eva Garcia, Specialist, School Information Branch (213) 241-2450
INITIAL IDENTIFICATION OF LANGUAGE CLASSIFICATION FOR ELEMENTARY LOW-VERBAL/NON-VERBAL STUDENTS WITH DISABILITIES

Grades | CELDT Scale Score
--- | ---
K-2 | 220 Listening, 140 Speaking
3-5 | 220 Listening, 200 Speaking
2-5 | 280 Reading, 220 Writing

Assess primary language (L1) proficiency within 45 calendar days.

L1 Assessment
- Spanish: LAS-Español
- 27 Selected Languages: BINL
- Other Languages: Informal Assessment Date

L1 Results
NON

Low-Verbal/Non-Verbal Student

Assess English and L1 proficiency using the Alternate Initial Classification Assessment within 30 calendar days.

L1/L2 Assessment
- Parent Interview (PI)
- Observation Checklist (OC)

Limited-English Proficient (LEP)
English Only (EO)

Assess progress toward communication benchmarks using the Communication Observation Matrix (COM) until student reaches COM level 5.

Grades | CELDT Scale Scores
--- | ---
K-2 | 262 or higher Listening, 249 or higher Speaking
3-5 | 265 or higher Listening, 294 or higher Speaking
Reading 2-5 | 318 or higher
Reading 3-5 | 332 or higher
Writing 2-5 | 319 or higher
Writing 3-5 | 343 or higher

Verbal Student

Limited-English Proficient (LEP)
Initial-Fluent-English Proficient (IFEP)

Assess progress toward ELD standards using the Annual CELDT and ELD Assessment Portfolio.
INITIAL IDENTIFICATION OF LANGUAGE CLASSIFICATION FOR SECONDARY LOW-VERBAL/NON-VERBAL STUDENTS WITH DISABILITIES

New enrollee to CA public school with an existing IEP

Home Language Survey (HLS)

Primary language other than English or reasonable doubt

Assess English proficiency using the Initial CELDT within 30 school days.

<table>
<thead>
<tr>
<th>Grades</th>
<th>CELDT Scale Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-8</td>
<td>Listening 230</td>
</tr>
<tr>
<td>9-12</td>
<td>Listening 230</td>
</tr>
<tr>
<td>6-12</td>
<td>Reading 320</td>
</tr>
<tr>
<td></td>
<td>Writing 220</td>
</tr>
</tbody>
</table>

Assess primary language (L1) proficiency within 45 calendar days.

**L1 Assessment**

<table>
<thead>
<tr>
<th>Language</th>
<th>L1 Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish:</td>
<td>LAS-Español NON</td>
</tr>
<tr>
<td>27 Selected Languages:</td>
<td>BINL NON</td>
</tr>
<tr>
<td>Other Languages:</td>
<td>Informal Assessment Date</td>
</tr>
</tbody>
</table>

**Low-Verbal/Non-Verbal Student**

Assess English and L1 proficiency using the Alternate Initial Classification Assessment within 30 calendar days.

**L1/L2 Assessment**

- Parent Interview (PI)
- Observation Checklist (OC)

| Limited-English Proficient (LEP) | English Only (EO) |

Assess progress toward communication benchmarks using the Communication Observation Matrix (COM) until student reaches COM level 5.

**Verbal Student**

Assess English proficiency using the Initial CELDT within 30 school days.

<table>
<thead>
<tr>
<th>Grades</th>
<th>CELDT Scale Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-8</td>
<td>Listening 242 or higher</td>
</tr>
<tr>
<td>9-12</td>
<td>Listening 242 or higher</td>
</tr>
<tr>
<td>6-12</td>
<td>Reading 394 or higher</td>
</tr>
<tr>
<td></td>
<td>Writing 398 or higher</td>
</tr>
</tbody>
</table>

**Limited-English Proficient (LEP)**

**Initial-Fluent-English Proficient (IFEP)**

Assess progress toward ELD standards using the Annual CELDT and ELD Assessment Portfolio.
PARENT INTERVIEW (PI)
FOR LOW-VERBAL/NON-VERBAL STUDENTS WITH DISABILITIES

To Be Filled Out by a Credentialed Employee of the Los Angeles Unified School District

DATE____________________________________________

I. STUDENT INFORMATION

NAME______________________________________________ DISTRICT ID # ________________________________
CURRENT SCHOOL ________________________________ LOCAL DISTRICT ________________________________
CURRENT SPECIAL EDUCATION PROGRAM/SERVICES ______________________________________________________
DATE FIRST ENTERED SCHOOL____________________DATE ENTERED SCHOOL IN U.S.__________________________
FIRST U.S. SCHOOL: CITY___________________________STATE ________________________________
LANGUAGE(S) CITED ON HOME LANGUAGE SURVEY________________________________________________________
LIST ANY SPECIAL EDUCATION SERVICES THE STUDENT RECEIVED:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

II. PARENT/GUARDIAN INFORMATION

FATHER’S NAME_________________________________TELEPHONE (    ) ______________________________________
LANGUAGE(S) SPOKEN _______________________________LANGUAGE(S) UNDERSTOOD __________________________
MOTHER’S NAME_________________________________TELEPHONE (    ) ______________________________________
LANGUAGE(S) SPOKEN _______________________________LANGUAGE(S) UNDERSTOOD __________________________

DISTRIBUTION: Blue folder in the Cumulative Record
PARENT INTERVIEW

III. SIBLING INFORMATION

<table>
<thead>
<tr>
<th>SIBLING’S NAME/AGE</th>
<th>LIVING WITH PUPIL</th>
<th>LANGUAGE(S) UNDERSTOOD</th>
<th>LANGUAGE(S) SPOKEN</th>
</tr>
</thead>
<tbody>
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</table>

IV. BACKGROUND INFORMATION

OTHER PERSONS LIVING IN THE HOUSEHOLD WITH STUDENT:

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>LANGUAGE(S) SPOKEN</th>
<th>LANGUAGE(S) UNDERSTOOD</th>
</tr>
</thead>
<tbody>
<tr>
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PRIMARY CAREGIVER(S) OF STUDENT OUTSIDE SCHOOL:

LANGUAGE(S) SPOKEN BY CAREGIVER WITH CHILD

V. PARENT/GUARDIAN INTERVIEW

1. If more than one language is used in the home, which language is considered to be dominant?

2. What sounds do you hear when your child plays alone? Describe.

3. Have you heard sounds other than crying or screaming when your child is angry? Describe.

4. Have you ever heard your child emit babbling sounds that are similar to attempts at word formations? Describe.

Interviewer’s conclusion regarding the family’s dominant language: ______________________________

Interviewer’s conclusion regarding the student’s dominant language at home: ____________________

Credentialed interviewer’s name: ___________________________    ______________________________

(Print)                                               (Signature)

Date:_________________

Primary language assistance provided by: __________________________________________________________

Name (Print)    Title/Position
**OBSERVATION CHECKLIST (OC)**

**FOR LOW-VERBAL/NON-VERBAL STUDENTS WITH DISABILITIES**

*To Be Completed by Student’s Classroom Teacher*

<table>
<thead>
<tr>
<th>Language Observation Activities</th>
<th>L1</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indicates awareness of names of objects by pointing, looking or touching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Responds to simple commands.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Identifies body parts by pointing, looking or touching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Looks at or touches familiar toys in response to verbal stimulus.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Responds to number words.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Counts by rote.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Identifies foods by pointing, looking or touching.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Tries to imitate words</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF ADMINISTRATION**

**DISTRIBUTION:** Blue folder in the Cumulative Record
OBSERVATION CHECKLIST


10. What sounds do you hear when student plays alone? Describe.

11. Have you heard sounds other than crying or screaming when student is angry? Describe.

12. Have you ever heard student emit babbling sounds that are similar to attempts at word formation? Describe.

Student's dominant language at school is ________________________________

Teacher's conclusion regarding student classification: (Check LEP or EO)

☐ LEP (NON/NON) – Classify the student as limited-English proficient when the family's dominant language is not English and one the following is indicated on either the Parent Interview or the Observation Checklist. (Check all that apply.)

1. ☐ The student responds to and/or uses a language other than English.

2. ☐ The student's dominant language at school is not English, American Sign Language or an English Sign system.

3. ☐ The student has no receptive/expressive language in either language as evidenced by no-response (NR) to any of the language observation activities.

☐ EO (NON/NON) - Classify the student as English Only (EO) when the family's dominant language is English and one the following is indicated on either the Parent Interview or the Observation Checklist. (Check all that apply.)

1. ☐ The student exclusively responds to and/or uses English, American Sign Language or an English Sign system and no other language.

2. ☐ The student's dominant language at school is English.

3. ☐ The student has no receptive/expressive language in either language as evidenced by no-response (NR) to any of the language observation activities.

Student's classroom teacher's name (print): ___________________________ Signature: ___________________________

Date: ___________________________

Primary language assistance provided by: ________________________________

Name (print) ___________________________ Title/Position ___________________________
LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Special Education

To be completed by the EL Coordinator

PLANNING, ASSESSMENT AND RESEARCH REQUEST FOR CLASSIFICATION LABEL
FOR LOW-VERBAL/NON-VERBAL STUDENTS WITH DISABILITIES

SCHOOL___________________________________________  LOC. CODE________________________

CONTACT_________________________________________  PHONE (___)_______________________

Instructions:
1. Complete this form when the teacher has completed the Parent Interview form (Attachment B) and the Observation Checklist in English and in the primary language.
2. Transfer the teacher’s conclusion regarding the student classification, from page 2 of Attachment B and C to this form.
3. Upon completion, fold, staple and send this form to: Eva Garcia, Specialist, Planning, Assessment and Research, 21st Floor, Beaudry Building. You will receive a green label with the student's classification as LEP or EO.
   a. Elementary: Affix the green label in the student’s Cumulative Record Card, Section 5, “Educational Growth and Development: Teacher Observation and Test Results”.
   b. Secondary: Affix the green label on the student’s Cumulative Record Card, in Section 13, in “Significant Information”, in the 4th box under “Oral Language Tests.”
4. When the official CELDT label is sent to the school by the state vendor, affix the CELDT label in the student’s Cumulative Record Card, Section 4, “LAU Information”.

   The following represents the request box for the student level. Use as necessary.

#1

NAME (print)_____________________________________________________DISTRICT ID #___________

Last               First   MI

Date Observational Checklist (OC) administered in English _____________________ and the date administered in the primary language_____________________. Student proficiency is NON/NON.

Teacher Conclusion Regarding Classification: ☐ LEP or ☐ EO

SIB will download the classification into the school's SIS system.
STUDENT INFORMATION SYSTEM PROCEDURES FOR THE ANNUAL COM

Elementary schools are responsible for entering the annual COM information into the SIS, Screen 24, Individuals With Exceptional Needs (IWEN).

772 Assessor Language (see codes listed below)
773 Student Communication System (see codes listed below)
774 Eng Admin Date
775 Eng COM Score
776 Eng COM Level
777 L1 Admin Date
778 L1 COM Score
779 L1 COM Level

Secondary schools are responsible for entering the annual COM information into the fields below:

772 Assessor Language (see codes listed below)
773 Student Communication System (see codes listed below)
774 Eng Admin Date
775 Eng COM Score
776 Eng COM Level
777 L1 Admin Date
778 L1 COM Score
779 L1 COM Level

Codes for the assessor’s stimulus language and student’s response language are as follows:

B=Braille
A=American Sign Language
S=Signed English
G=gestures
P=Pictures
O=Objects
V=Voice Output Communication Aide e.g. computer or communication board/device
## Low-Verbal/Non-Verbal Communication Observation Matrix (COM)

### Receptive 1
In response to oral language or a sign language system (ASL, signed English, etc.)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does not respond to any word, phrase or command.</td>
</tr>
<tr>
<td>2</td>
<td>Attends to words spoken by peers and adults, and responds appropriately to single words.</td>
</tr>
<tr>
<td>3</td>
<td>Responds to simple phrases and follows one-step directions or commands.</td>
</tr>
<tr>
<td>4</td>
<td>Responds to and follows simple 2 or 3-step directions or commands.</td>
</tr>
<tr>
<td>5</td>
<td>Responds to and follows teacher/adult direction of 4-5 steps related to home and school survival.</td>
</tr>
</tbody>
</table>

### Receptive 2
In response to oral language or a sign language system (ASL, signed English, etc.)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unable to identify any household object, person or animal.</td>
</tr>
<tr>
<td>2</td>
<td>Identifies 1-7 common household objects, people, animals or parts of the body by looking at, pointing to, or by touching.</td>
</tr>
<tr>
<td>3</td>
<td>Identifies 8-14 common household objects, people, animals or parts of the body by looking at, pointing to, or by touching.</td>
</tr>
<tr>
<td>4</td>
<td>Identifies 15-21 common household objects, people, animals or parts of the body by looking at, pointing to, or by touching.</td>
</tr>
<tr>
<td>5</td>
<td>Identifies more than 21 common household objects, people, animals or parts of the body by looking at, pointing to, or by touching.</td>
</tr>
</tbody>
</table>

### Expressive 1
When using oral language or a sign language system (ASL, signed English, etc.)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unable to produce or identify recognizable oral vocabulary using assistive technology or using a sign language system.</td>
</tr>
<tr>
<td>2</td>
<td>Produces gesture/sign which approximates signed English or American sign language, or vocal sounds which imitate oral production.</td>
</tr>
<tr>
<td>3</td>
<td>Produces comprehensible words and labels 1 to 7 objects/pictures verbally, by using assistive technology, or a sign language system.</td>
</tr>
<tr>
<td>4</td>
<td>Labels 8 to 14 objects/pictures verbally, by using assistive technology, or a sign language system.</td>
</tr>
<tr>
<td>5</td>
<td>Labels more than 15 objects/pictures or uses simple social words verbally, through gestures, by using assistive technology, or a sign language system.</td>
</tr>
</tbody>
</table>

### Expressive 2
When using oral language or a sign language system (ASL, signed English, etc.)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Produces unrecognizable gestures and/or speech in an attempt to communicate.</td>
</tr>
<tr>
<td>2</td>
<td>Produces 1 comprehensible word to communicate verbally, by using assistive technology, or a sign language system.</td>
</tr>
<tr>
<td>3</td>
<td>Produces 2 or 3-word phrases to communicate ideas verbally, by using assistive technology, or a sign language system.</td>
</tr>
<tr>
<td>4</td>
<td>Produces simple sentences to communicate ideas verbally, using assistive technology, or a sign language system.</td>
</tr>
<tr>
<td>5</td>
<td>Carries on an appropriate conversation verbally, using assistive technology, or a sign language system.</td>
</tr>
</tbody>
</table>

### Communication Level

<table>
<thead>
<tr>
<th>COM Score Range</th>
<th>Communication Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 4</td>
<td>Level 1: Preproduction</td>
</tr>
<tr>
<td>5 - 8</td>
<td>Level 2: Early Production I</td>
</tr>
<tr>
<td>9 - 12</td>
<td>Level 3: Early Production II</td>
</tr>
<tr>
<td>13 - 16</td>
<td>Level 4: Communication/Speech</td>
</tr>
<tr>
<td>17 - 20</td>
<td>Level 5: Intermediate Fluency</td>
</tr>
</tbody>
</table>

### Date and Language Administration

<table>
<thead>
<tr>
<th>DATE</th>
<th>LANGUAGE of COM ADMINISTRATION</th>
<th>LANGUAGE of STUDENT RESPONSE</th>
<th>TEACHER</th>
<th>COM LEVEL</th>
<th>COM SCORE</th>
</tr>
</thead>
</table>

### Distribution
Blue folder in the Cumulative Record
PROCEDURES FOR ADMINISTRATING AND SCORING THE INITIAL AND ANNUAL LOW-VERBAL/NON-VERBAL COMMUNICATION OBSERVATION MATRIX (COM)

Score the COM using the following procedures:

1. Look at the row labeled “Receptive 1”.
   - Select the descriptive box that most closely matches the current language proficiency level of the student.
   - Record the number of the proficiency level at the end of the row in the initial COM score box.

2. Repeat the same procedure described above for the successive rows.
   - Receptive 2
   - Expressive 1
   - Expressive 2

3. Add the four scores to calculate the total COM score.

4. Record the total COM score in the column labeled “COM SCORE”.

5. Convert the COM score total to a Communication Level from 1 to 5.

6. Record the COM level in the column labeled “COM LEVEL”.

7. Complete the following information:
   - Date of administration.
   - Language of COM Administrator is the language in which the student was tested.
   - Student Language is the language in which the student responded.
   - Teacher is name of the classroom teacher not necessarily the assessor.

8. Repeat steps 1-7 in the student's primary language (L1) as indicated in the IEP.

9. Enter initial or annual student English/L1 COM level(s) in SIS.

10. Place both COM forms (English/L1) in the student's cumulative record.
PARENT NOTIFICATION OF INITIAL IDENTIFICATION
FOR LOW-VERBAL/NON-VERBAL STUDENTS WITH DISABILITIES

The following are notification letters to parents of a student with a disability who is subsequently identified as English only or as an English learner.

F-1 ENGLISH notification letter

F-2 SPANISH notification letter (translation of English letter, listed above)

The following letters are available on the Division of Special Education website (sped.lausd.net) in the E-Library under the “Forms” link. The letters are also available on the Language Acquisition Branch and the Planning, Assessment and Research (PAR) Branch websites.

F-3 ARMENIAN notification letter

F-4 TAGALOG notification letter

F-5 RUSSIAN notification letter

F-6 KOREAN notification letter

F-7 VIETNAMESE notification letter

F-8 CHINESE notification letter
PARENT NOTIFICATION OF INITIAL LANGUAGE TEST FOR A LOW-VERBAL/NON-VERBAL STUDENT WITH A DISABILITY

Date __________________________

To the parents of ___________________________  District ID # _____________________

Name of Student

Current School ___________________________   Local District ___________________

Your response to the Home Language Survey indicates a language other than English is spoken in the home. As required by law, your child's language skills in both English and the home language were tested. Based on these assessments, your child has been designated as an:

☐ English Only   Students classified as EO are not eligible for Master Plan instructional services.

☐ English learner. Students classified as EL/LEP have limited-English proficiency and are eligible to receive Master Plan instructional services.

Your child's initial assessment results are shown below:

English  ☐ minimal or no response on CELDT, ☐ COM score ___________
Home Language ☐ minimal or no response on LAS-Español/BINL/IAHLL, ☐ COM score ___________

Given that your child has been classified as EL/LEP and receives special education services, you will be invited to a review Individualized Education Program (IEP) team meeting to discuss your child's language needs and your choice of service options for your child. As a parent of an English learner you will be invited to visit our school to participate in the English Learners' Advisory Committee (ELAC).

If you have any questions or concerns regarding the results of these assessments please contact the school at ___________________________

Sincerely,

Principal

Parent(s): Please sign and return the entire letter to the school. A copy will be provided for you.

I have read and understand the above information.

_________________________  ___________________________  ___________________________
Parent/ Guardian Name  Parent/Guardian's Signature  Telephone Number

Date: ______________________  Comments: ________________________________

English Version
(Must copy to the back of the primary language translation)
NOTIFICACIÓN PARA LOS PADRES DE LA EVALUACIÓN INICIAL DEL LENGUAJE ADMINISTRADA A UN(A) NIÑO(A) QUE SE COMUNICA POCO VERBALMENTE O QUE NO SE COMUNICA VERBALMENTE Y QUE TIENE UNA DISCAPACIDAD

Fecha ___________________

Para los padres de ______________________________ Número de identificación del distrito ______
Nombre y apellido del alumno

Escuela a la que asiste actualmente __________________________ Distrito Local ___________

La respuesta que dio en la Encuesta sobre el Idioma Natal señaló que en el hogar se habla un idioma diferente al inglés. Como lo requiere la ley, se evaluó la capacidad de su hijo(a) tanto en inglés como en el idioma natal. Con base en estas evaluaciones, su hijo(a) ha sido clasificado como:

- **Sólo inglés**: Los alumnos clasificados Sólo Inglés (EO, por sus siglas en inglés) no reúnen los requisitos para recibir los servicios de instrucción del Plan Maestro.

- **Estudiante del Inglés**: Los alumnos clasificados Estudiantes de Inglés (EL/LEP, por sus siglas en inglés) tienen dominio limitado del idioma inglés, de modo que reúnen los requisitos para recibir los servicios de instrucción del Plan Maestro.

Los resultados de la evaluación inicial de su hijo(a) fueron los siguientes:

**Inglés**
- No respondió o dio el mínimo de respuestas en el examen CELDT o Puntaje COM ______

**Idioma natal**
- No respondió o dio el mínimo de respuestas en el examen LAS-español, BINL, IAHLL o Puntaje COM ______

Debido a que su hijo(a) ha sido clasificado como alumno EL/LEP, pronto se le invitará a una reunión del Programa de Educación Individualizado (IEP, por sus siglas en inglés) con el fin de conversar acerca de las necesidades de su hijo(a) en lenguaje y las opciones de los servicios que se ofrecen a su hijo(a). Como padre de familia de un estudiante del inglés, se le invitará a nuestra escuela para que participe en el Comité Asesor de los Estudiantes del Idioma Inglés (ELAC, por sus siglas en inglés).

Si tuviera alguna pregunta o inquietud sobre los resultados de estas evaluaciones, por favor llame a la escuela al número ________________________.

Atentamente,

Director(a)

Padres, favor de firmar y entregar en la escuela esta carta. Se le proporcionará una copia de la misma.

He leído y entiendo la información que antecede.

Firma del padre, la madre o el tutor _______________ Firma del padre, la madre o el tutor _______________ Número de teléfono ________________________

Fecha: ___________ Comentarios: ____________________________

DISTRIBUTION: Blue folder in the Cumulative Record
Annual Assessment Results and Service Options for Low-Verbal/Non-Verbal English Learners with Disabilities

The following are annual notification letters to parents of a student with a disability who is an English learner.

G-1 ENGLISH notification letter

G-2 SPANISH notification letter (translation of English letter, listed above)

The following languages are available on the Division of Special Education website at sped.lausd.net in the E-Library under the “Forms” link. The letters may also be found on the Language Acquisition Branch and Planning, Assessment and Research (PAR) Branch.

G-3 ARMENIAN notification letter

G-4 TAGALOG notification letter

G-5 RUSSIAN notification letter

G-6 KOREAN notification letter

G-7 VIETNAMESE notification letter

G-8 CHINESE notification letter
LOS ANGELES UNIFIED SCHOOL DISTRICT
Annual Assessment Results and Service Options for Low-Verbal/Non-Verbal English Learners with Disabilities

To be completed by the classroom teacher

_____________________________________________________ School

Dear Parent(s) of: _______________________________________________________________________________________

Student Name                                           ID#                          Grade              Date

The following is information regarding your child’s progress and program placement for this school year. Please review and return the entire form to the school.

Your child was administered the Communication Observation Matrix (COM). The _____(year) results are:

<table>
<thead>
<tr>
<th>Overall COM Level:</th>
<th>Score</th>
<th>COM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptive 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(out of 5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receptive 2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(out of 5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(out of 5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive 2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(out of 5)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your child was administered the California Alternate Performance Assessment (CAPA). Your child’s most recent test results are Spring ___________ (year).

<table>
<thead>
<tr>
<th>Content Area</th>
<th>CAPA Level 1</th>
<th>CAPA Level 2</th>
<th>CAPA Level 3</th>
<th>CAPA Level 4</th>
<th>CAPA Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>English/Language Arts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EL Service Options: Circle the current EL service that the student is receiving as indicated on the IEP.

1. English Language Development (ELD) and academic subjects through primary language instruction.
2. English Language Development (ELD) and academic subjects through Specially Designed Academic Instruction in English (SDAIE) with primary language support.
3. English Language Development (ELD) and content using Specially Designed Academic Instruction in English (SDAIE).

As the parent, you have the right to request any of the above service for your child. Please indicate below if you desire to discuss your service selection.

PLEASE MARK ALL THAT APPLY, SIGN AND RETURN COMPLETED FORM TO YOUR CHILD’S SCHOOL.

□ I received information about my child’s progress, the English learner services, and I agree with my child’s service.

□ I would like to schedule a conference to discuss my child’s test results, EL service options and possible change of EL service.

Parent’s/Guardian’s Name: (Print)_______________________ Parent’s/Guardian’s Signature:_________________________
Telephone No.__________________________    Date:____________________________

Original in the blue folder in the Cumulative Record and a copy sent to the parent.
Resultado de la Evaluación Anual y las Opciones de Servicios para Alumnos con Discapacidades y Aptitudes Verbales Deficientes del Inglés

To be completed by the classroom teacher

Estimado padre/madre o tutor de: ___________________________________________

Nombre y apellido del estudiante  Identificación #  Grado  Fecha

A continuación se le proporciona información sobre el progreso de su hijo(a) y el programa al cual ha sido asignado(a) este año escolar. Favor de leerlo y de devolver el formulario completo a la escuela.

A su hijo(a) se le tomó la Matriz de Observación de la Comunicación (COM). Los resultados de ________(año) son:

<table>
<thead>
<tr>
<th>Nivel general de COM:</th>
<th>PUNTAJE COM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptivo 1:</td>
<td>(de 5)</td>
</tr>
<tr>
<td>Receptivo 2:</td>
<td>(de 5)</td>
</tr>
<tr>
<td>Expresivo 1:</td>
<td>(de 5)</td>
</tr>
<tr>
<td>Expresivo 2:</td>
<td>(de 5)</td>
</tr>
</tbody>
</table>

A su hijo(a) se dio la Evaluación Alternativa de California que Mide el Desempeño del Estudiante (CAPA). Los resultados más recientes de su hijo(a) en la misma son Primavera ___________ (año).

<table>
<thead>
<tr>
<th>Materia</th>
<th>Nivel 1 de CAPA</th>
<th>Nivel 2 de CAPA</th>
<th>Nivel 3 de CAPA</th>
<th>Nivel 4 de CAPA</th>
<th>Nivel 5 de CAPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lenguaje y Literatura en Inglés</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matemáticas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Opciones de servicios para estudiantes que aprenden inglés (EL, por sus siglas en inglés): Marcar con un círculo el servicio EL que el estudiante está recibiendo actualmente según lo señala su IEP.

1. Capacitación Progresiva en el Idioma Inglés (ELD) y materias académicas mediante el idioma natal.
2. Capacitación Progresiva en el Idioma Inglés (ELD) y materias académicas mediante Instrucción Académica en Inglés Estructurado con Fines Específicos (SDAIE) con apoyo en el idioma natal.
3. Capacitación Progresiva en el Idioma Inglés (ELD) y contenido mediante la Instrucción Académica en Inglés Estructurado con Fines Específicos (SDAIE)

Como padre, madre o tutor tiene el derecho de solicitar para su hijo(a) cualquiera de los servicios del párrafo anterior. Por favor, señale en los recuadros al pie si desea hablar sobre cómo seleccionar los servicios.

POR FAVOR, MARQUE TODOS LOS RECUADROS QUE CORRESPONDAN, FIRME Y ENTREGUE EL FORMULARIO COMPLETADO EN LA ESCUELA DE SU HIJO(A)

☐ Recibí información sobre el progreso de mi hijo(a), los servicios para alumnos que aprenden inglés, y estoy de acuerdo con los servicios para mi hijo(a).

☐ Desearía programar una reunión para hablar de los resultados que mi hijo(a) obtuvo en los exámenes, las opciones de servicios para los alumnos que aprenden inglés (EL) y el posible cambio de servicio EL.

Firma del padre, la madre o el tutor  ________________________  __________________________  ____________________________
Teléfono  Fecha

DISTRIBUTION: Original in the blue folder in the cumulative record and a copy to the parent.

English Version: Must be copied to the back of this translation.