

Individual Language Learner Plan (ILLP) – Attachment A

*Student Name:	*SAIS ID #:	*AZELLA Overall Proficiency Level: *AZELLA Date:			
*ILLP Teacher Signature/Date:	*ILLP Teacher Signature/Date:	*ILLP Teacher Signature/Date:	*ILLP Teacher Signature/Date:		
*Required ILLP Areas	*Time Allocation	*Teacher Responsible For Instruction	*Teacher Highly Qualified**	*ELP Standards and Performance Indicators to be Covered	*Target Date
*Oral English/Conversation and Vocabulary	*60 minutes		Y N		
*Reading	*60 minutes		Y N		
*Writing	*60 minutes		Y N		
*Grammar	*60 minutes		Y N		