



# CANYONS

## School District

### ALTERNATIVE LANGUAGE SERVICES (ALS) INFORMATION

(Folder to be kept in Cumulative File)

Name: \_\_\_\_\_  
 CSD Entry Date: \_\_\_\_\_ Student No: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Home Language: \_\_\_\_\_

INITIAL PLACEMENT		
	Date Sent/Filed	Initials
ALCF Form		
Initial Placement Form		
Screener Report		
Documentation from Previous District		

ANNUAL LANGUAGE PROFICIENCY ASSESSMENT		
School Year	Date Sent/Filed	Initials

ANNUAL PARENT NOTIFICATION (Check One)					
School Year	Direct Services	Monitoring	Exit ALS Services Letter	Date Sent/Filed	Initials

INDIVIDUALIZED LANGUAGE DEVELOPMENT PLAN (ILDLP)			
School Year	Reason	Date Filed	Initials

MONITORING & CHANGE OF SERVICES FORM		
School Year	Date Filed	Initials

CLOSING ALS RECORD		
School Year	Date Filed	Initials

R= Refusal      ✓ =School Requirement