

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of Language Acquisition

**English Learner Advisory Committee (ELAC) Response Form
2017-2018 School Year**

The Office of Language Acquisition (OLA) is responsible for collecting complete and accurate information about the status of site ELACs within our school district. All applicable sections of this form must be completed and returned to our office by **October 27, 2017**. For more information, or if you need assistance, please contact Marilyn Snovel at (619) 725-7278 or msnovel@sandi.net. **PLEASE BE SURE TO SUBMIT THIS FORM TO OLA BY OCT. 27, 2017, EVEN IF YOU SUBMITTED A SIMILAR FORM DURING SCHOOL YEAR 2016-2017!**

1. General Information (Required from all schools.)

| | | |
|---|------------------------------|---|
| Name of School | | |
| Name of Principal | | |
| Name of Site English Learner Support Teacher (ELST) or EL Coordinator | | |
| Does your school have 21 or more EL students enrolled? | YES <input type="checkbox"/> | NO <input type="checkbox"/> <i>Schools with 0-20 EL students enrolled are not required to have an ELAC.</i> |
| Date this form was completed | | |
| Person completing this form | Name: | Title: |

2. Our School Has an Established and Functional ELAC (Complete this section if your school currently has a functional ELAC that was formed within the last two years.)

| | |
|--|---|
| Name and Title of the ELAC Advisor | |
| Actual date on which the election process was completed | |
| Date ELAC Members were or will be trained with regard to their legal responsibilities | |
| After ELAC Members received training with regard to their legal responsibilities, did they decide to remain as a committee, or did they vote to delegate their authority to the SSC? | OUR ELAC MEMBERS VOTED TO: <input type="checkbox"/> Remain as a Functional ELAC <input type="checkbox"/> Delegate Authority to the SSC |

3. Our School is in the Process of Attempting to Form an ELAC (Complete this section if your school does not have a functional ELAC at this time.)

| | | |
|--|--|--|
| Appropriate occasions and projected dates to advise parents of ELs about the need to form a functional ELAC | | |
| Check all that apply: | | |
| <input type="checkbox"/> Back to School Night Date _____ | <input type="checkbox"/> Informational Flyers/Letters Sent Date _____ | <input type="checkbox"/> Phone Calls Date _____ |
| <input type="checkbox"/> ELAC Information Meeting Date _____ | <input type="checkbox"/> PTA Meeting Date _____ | <input type="checkbox"/> Family Friday Event Date _____ |
| <input type="checkbox"/> Other (describe) _____ | | Date _____ |
| <i>The Office of Language Acquisition will contact your school to ensure that an attempt to form a functional ELAC has been made. In the meantime, your school needs to send an interim representative (parent and/or staff member) to DELAC meetings.</i> | | |

If your site is currently in the process of forming an ELAC, please submit Page 1 this form by October 27, 2017 AND submit an updated version (containing all applicable pages) once your committee has been established!

4. Our School's ELAC Delegated Their Authority to the School Site Council - SSC *(This section applies to your school if you formed an ELAC within the last two years, trained ELAC members as to their rights and legal responsibilities, and then, through an **informed** vote, they delegated the ELAC's authority to the SSC. This action is effective for up to two school years from the date of the ELAC election.)*

| | |
|--|--|
| Name and Title of the ELAC Advisor: | |
| Actual date on which the election process was completed <i>Delegation is effective up to two school years from this date.</i> | |
| Date ELAC Members were trained as to their legal responsibilities and voted to delegate their legal responsibilities to the SSC | |
| Date SSC acknowledged that ELAC's legal responsibilities had been delegated to their committee. <i>(This action should be reflected in SSC minutes.)</i> | |

5. Your School's DELAC Representative Information*

| | | | |
|---|-------|-----------------------------|--|
| Print DELAC Rep's First Name | | Print DELAC Rep's Last Name | |
| Name of their EL, RFEP, or IFEP Child (if applicable) | Grade | Child's ID Number | |
| Street Address | Apt. | Home Phone () | |
| City | Zip | Cell Phone () | |
| E-mail Address | | | |

*In order to have voting rights at DELAC meetings, your school's DELAC representative and/or alternate must be an elected ELAC member who is the parent or guardian of an EL, a reclassified EL (RFEP), or an Initially English Fluent Proficient (IFEP) student currently enrolled at your school. Contact information will be used only to send your representative a monthly meeting reminder flyer via U.S. Mail and an automated reminder call and email. Please provide complete information for your Rep and Alternate.

6. Your School's DELAC Alternate Contact Information*

| | | | |
|---|-------|-----------------------------------|--|
| Print DELAC Alternate's First Name | | Print DELAC Alternate's Last Name | |
| Name of their EL, RFEP, or IFEP Child (if applicable) | Grade | Child's ID Number | |
| Street Address | Apt. | Home Phone () | |
| City | Zip | Cell Phone () | |
| E-mail Address | | | |

7. Additional ELAC Member Information (Required from all schools with 21 or more ELs that have not delegated ELAC's legal responsibilities to the SSC.)

Please print the first and last name of each additional ELAC member (i.e., other than the DELAC Rep and Alternate) below and indicate whether he or she is a parent/guardian of an English Learner. *

| Member's Name (PLEASE PRINT) | Parent of an EL? |
|------------------------------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Reminder: The percentage of parents/guardians of ELs on your ELAC must be equal to or greater than the percentage of ELs making up your site's student enrollment.

Please retain a copy for your records.

Send, fax, or scan and email all applicable pages by *October 27, 2017* to:
Marilyn Snovel, OLA Senior Clerk
School Mail: Ed Center, Room 2009
Fax: (619) 686-6772; Email: msnovel@sandi.net