Miami-**D**ade **C**ounty **P**ublic **S**chools
Division of Bilingual Education and World Languages

HOME LANGUAGE ASSISTANCE PROGRAM (HLAP)

For ENGLISH LEARNER (ELL) STUDENTS

Classroom Teacher's NAME: _____Date: _____

Subject/Course: _____ Period: _____ Room #_____

Time Student Sent to HLAP Tutor: _____ Classroom Teacher Initials:_____

HLAP Tutor's NAME: _____HLAP Room #: _____

Time Student Sent to Classroom (from HLAP): _____ HLAP Tutor Initials:_____

Name of ESOL Student(s)	Grade	ESOL Level

The above named student(s) need(s) assistance in understanding the following concept(s):

Instructional Material(s): _____Page(s): _____

Notes from teacher to HLAP tutor *(if applicable)*:

_____

_____

_____

Notes from HLAP tutor to teacher *(if applicable)*:

_____

_____

_____