

Request for Extension of Transitional Bilingual Services Beyond 30 Months

Section 10-17f(d) of the Connecticut General Statutes states that, in addition to the thirty months that students have been allowed to spend in a transitional program: “An eligible student may spend up to an additional thirty months in a program of bilingual education if (1) the local or regional board of education responsible for educating such student requests an extension of such bilingual education for such student to the Department of Education, or (2) the Department of Education makes a determination that an extension of such bilingual education for such student is necessary.”

To request an extension of transitional bilingual services for a student at the end of 30 months, complete the *Request for Extension of Transitional Bilingual Services Beyond 30 Months* form. A request for each student will need to be submitted for each additional 10 months. The form and Bilingual Extension Worksheet should be completed by a team of educators (e.g., general education, English as a Second Language teacher, administrator, and special education teacher). Once the form has been reviewed, the person completing the form will receive a written response on the status of the extension from the Connecticut State Department of Education (CSDE).

Instructions to complete the request:

1. **Identify the Request Number** (i.e., **First Request** for 10 additional months, **Second Request** for 10 additional months [20 total months], and **Third Request** for 10 additional months [30 total months]). Each year, a request for 10 additional months may be made for an eligible student up to a total of 60 months in a bilingual program.
2. **Complete Section A: Student Information**
3. **Complete Section B: Criteria for Consideration**
 - a. **Questions:** Check the appropriate yes/no boxes to each question. **For the CSDE to approve the request, all responses to the questions must be “yes.”**
 - b. **Data:** Provide the student’s program and English Language Proficiency level for each applicable year. Attach other evidence of student progress. Examples of evidence may include, but are not limited to: student observations, other academic and linguistic assessment data, other assessment data, anecdotal notes, portfolio of student work and meeting notes.
 - c. **Narrative:** Attach a narrative that explains how the student will benefit from extended time in the transitional bilingual program.
4. **Complete Section C: Signatures**
5. **Complete the Bilingual Extension Worksheet** to document that the student has received appropriate instruction in a transitional bilingual program.
6. **Submit the request by e-mail to Megan Alubicki Flick at the CSDE.**

Megan Alubicki Flick
English Learner Consultant
860-713-6786
Megan.Alubicki@ct.gov

For more information:

- [Bilingual Education Statute: Section 10-17e-j, inclusive, of the CGS](#)
- [The Connecticut Bilingual Education Statute Questions and Answers](#)
- CSDE Web site (www.ct.gov/sde/EnglishLearners)

- First Request for 10 Additional Months
- Second Request for 10 Additional Months (20 total months)
- Third Request for 10 Additional Months (30 total months)



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Section A: Student Information	Student Name:	SASID:				
	District:	School:				
	Dominant Language:	Current Grade Level:				
	Date the Student Began Participating in a Transitional Bilingual Program (month/year):					
Section B: Criteria for Consideration For an extension approval, all responses to the questions must be “yes,” and evidence to support the extension must be provided, as described.	Questions	For an extension approval, all answers to questions must be “Yes.”			Yes	No
	Has the student already received 30 months of service in a transitional bilingual program? 30-month completion date: _____				<input type="checkbox"/>	<input type="checkbox"/>
	Provide the student’s program and English Language Proficiency level for each applicable year.					
		Year 1	Year 2	Year 3	Year 4	Year 5
	Program (e.g., Transitional Bilingual, Dual Language, etc.)					
	Overall					
	Reading					
	Writing					
	Speaking					
Listening						
Is the student’s current English Language Proficiency level below the English mastery standard as defined by the Connecticut State Department of Education? English mastery standard = Overall Score of 4 or 5 and Reading and Writing Subtest Score of 4 or 5				<input type="checkbox"/>	<input type="checkbox"/>	
Have district personnel consulted the parent/guardian and the student, if appropriate, about remaining in the transitional bilingual program?				<input type="checkbox"/>	<input type="checkbox"/>	
Did the parent/guardian and the student express preference to remain in the transitional bilingual program for additional time?				<input type="checkbox"/>	<input type="checkbox"/>	
Progress Monitoring: Can the student’s progress be demonstrated quantitatively and/or qualitatively to show that extended time in the transitional bilingual program (native language support) is necessary and is not due to other educational factors (e.g., absences, disability)?				<input type="checkbox"/>	<input type="checkbox"/>	

	Questions For an extension approval, all answers to questions must be "Yes."	Yes	No
	<p>Narrative: Attach a brief narrative that addresses the following:</p> <ul style="list-style-type: none"> • A summary of quantitative and/or qualitative data that supports the extension. • Benefits specific to the student remaining in a transitional bilingual program versus receiving language transition and academic support services. • The process that will be used to determine the student's readiness and examples of evidence to be collected to exit the bilingual program. <p>Does the attached narrative explain how the student will benefit from extended time in the transitional bilingual program?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Section C: Signatures Form must be signed by the district's administrator or coordinator of bilingual/ESL programs OR the superintendent.</p>	<p>Form Completed By (Name and Title):</p>		
	<p>Signature of Bilingual/ESL program Administrator OR Superintendent:</p>	<p>Date:</p>	
	<p>Print Name and Title of Administrator Signer:</p>		
	<p>E-mail Address:</p>	<p>Phone:</p>	
<p>CSDE Use Only</p>	<p>Form Reviewed by:</p>	<p>Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Additional Information Needed</p>	
	<p>Criteria for extension approval:</p> <ul style="list-style-type: none"> • Meets the qualifications [Section B Questions] • Provides ample evidence (i.e., qualitative and quantitative data) specific to the student [Section B Data] • Explains data and provides rationale [Section B Narrative] 		
	<p>Notes:</p>		

The Connecticut State Department of Education is an affirmative action/equal opportunity employer.

*Approval for extended time in a transitional bilingual program is contingent on the program being mandated during the following year. In its annual identification of mandated transitional bilingual programs, the CSDE WILL include students approved for extended time beyond the 30 month period.

*If request is approved by the CSDE, the student MUST be recoded from 1A to 1C in the Public School Information System (PSIS). If the student is approved but there is no transitional bilingual program offered, the student must be recoded in PSIS as 03 (receiving Language Transition and Academic Support Services).

Bilingual Extension Worksheet

(To document that a student has received appropriate instruction in a transitional bilingual program)

This checklist must be completed for all students for whom a request for an extension in a transitional bilingual program has been submitted. *(All boxes must be checked with appropriate documentation provided.)*

Language Arts and Mathematics Instruction

- Student has participated in a program of transitional bilingual education instruction in reading, writing and mathematics using scientific research-based practices provided to the entire class.
- Student has participated in small group, differentiated reading, writing and mathematics instruction.

Description of Instruction Provided: Check only boxes that apply.

Curriculum and Instruction	Differentiation and Supports
<ul style="list-style-type: none"> <input type="checkbox"/> Research-based <input type="checkbox"/> Aligned with the Common Core State Standards <input type="checkbox"/> Differentiated <input type="checkbox"/> Culturally responsive <input type="checkbox"/> Inclusive of a comprehensive system of social/emotional learning and behavioral supports <p>Additional instructional practices for ELs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alignment with CELP standards <input type="checkbox"/> Culturally responsive curriculum and instruction (not an add-on) <input type="checkbox"/> Explicit and linguistically appropriate instruction; attention to language forms and functions <input type="checkbox"/> Instruction in the native language, as appropriate 	<ul style="list-style-type: none"> <input type="checkbox"/> Flexible small groups <input type="checkbox"/> Appropriate instructional materials matched to students' needs and abilities <p>Additional supports for ELs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Build background knowledge <input type="checkbox"/> Use strategies appropriate for instructing ELs <input type="checkbox"/> Total Physical Response (TPR) <input type="checkbox"/> Visuals <input type="checkbox"/> Realia (real objects) <input type="checkbox"/> Modeling <input type="checkbox"/> Repetitive language <input type="checkbox"/> Gestures <p>Include language activities and explicit instruction in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phonological awareness <input type="checkbox"/> The alphabet code <input type="checkbox"/> Vocabulary development <input type="checkbox"/> Comprehension strategies <input type="checkbox"/> Utilize strategies of the sheltered instruction strategies

How was the curricula differentiated to meet this student's needs?

Progress Monitoring

- Continuous progress monitoring has been provided to establish a basis for instructional decisions and to document a student's response to instruction.

Description/Source of Evidence of Progress Monitoring:

Evidence attached

Examples of evidence may include, but are not limited to: student observations, other academic and linguistic assessment data, anecdotal notes, portfolio of student work and meeting notes.

(Teacher signatures)

(Date)