

## **English Learner Reclassification Form**

Student reclassification policy and procedures are based on the four criteria set forth in the reclassification guidelines approved by the State Board of Education (Education Code Section 313(d)).

| STUDENT INFORMA                                                                                                                                                                             |           |      |                                                                           |                                         | 7                                                  |                                                                   |                    |                  |                |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|---------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|--------------------|------------------|----------------|------|
| STUDENT'S NAME: S                                                                                                                                                                           |           |      |                                                                           | SCHOOL:                                 |                                                    |                                                                   | LANGUAGE:          |                  |                |      |
| STUDENT ID: DOB: C                                                                                                                                                                          |           |      |                                                                           | GRADE:                                  |                                                    | PROGRAM START DATE:                                               |                    | SCHOOL YEAR:     |                |      |
| I. INITIAL RECOMMENDATION FOR RECLASSIFICATION                                                                                                                                              |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| A. Request initiated by:                                                                                                                                                                    |           |      |                                                                           |                                         |                                                    | Date                                                              | initiated:         |                  | _/             | _    |
| II. ASSESSMENTS                                                                                                                                                                             |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| A. CELDT Date Administered:// (1 <sup>st</sup> -12 <sup>th</sup> grades)                                                                                                                    |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
|                                                                                                                                                                                             |           |      | English Language Arts Assessment<br>Assessment District Actual Grade Date |                                         |                                                    |                                                                   |                    |                  |                |      |
| Assessment                                                                                                                                                                                  | Level R   |      | equired Level                                                             |                                         |                                                    | Assessment                                                        |                    | Actual<br>Result | Grade<br>Level | Date |
| Overall Score                                                                                                                                                                               |           |      |                                                                           | rall score of Early<br>aced or Advanced |                                                    | Fountas & Pinnell (F&P) (K-6)<br>(Reading at Instructional level) |                    |                  | 1-6            |      |
| Listening                                                                                                                                                                                   | Over      |      | rall score of Early                                                       |                                         | ELA Benchmark, Quarter 2                           |                                                                   | Level<br>Meets     |                  | 7-12           |      |
| Speaking                                                                                                                                                                                    |           |      | nced or Advanced<br>erall score of Early                                  |                                         | 2017-18 (Dec. 2017)<br>Additional Evidence: CAASPP |                                                                   | Standards          |                  | 3-5, 6-        |      |
| -                                                                                                                                                                                           | Advar     |      | nced or Advanced                                                          |                                         | (agreed for 2016-17)                               |                                                                   |                    |                  | 8,11           |      |
| Reading                                                                                                                                                                                     |           |      |                                                                           | rall score of Early<br>nced or Advanced |                                                    | al Evidence: ELA<br>ark, Quarter 3 & 4                            | Meets<br>Standards |                  |                |      |
| Writing                                                                                                                                                                                     |           | Over | all score                                                                 | of Early                                | Addition                                           | al Evidence:                                                      |                    |                  |                |      |
| Advanced or Advanced     Writing Sample       B. Review of Student Report Card (current year)                                                                                               |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| Subject                                                                                                                                                                                     |           |      | -                                                                         | District Guidel                         | ines                                               | Performance                                                       | Level              | evel Comment     |                |      |
| English Language Arts (ELA)                                                                                                                                                                 |           |      | Grade                                                                     | of "C" or be                            | Iter                                               |                                                                   |                    |                  |                |      |
| English Language Development<br>(ELD) 7-12 ONLY                                                                                                                                             |           |      | Grade                                                                     | of "C" or be                            | ter                                                |                                                                   |                    |                  |                |      |
| Math                                                                                                                                                                                        |           |      | Grade                                                                     | of "C" or be                            | Iter                                               |                                                                   |                    |                  |                |      |
| Additional Evidence                                                                                                                                                                         |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| III. TEACHER INPUT                                                                                                                                                                          |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| Teacher Comments:                                                                                                                                                                           |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
|                                                                                                                                                                                             |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| Check One:                                                                                                                                                                                  |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| Student's proficiency in English and achievement in school is equal to that of native English speakers. It is recommended that student be reclassified as Fluent English Proficient (RFEP). |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| Student is not yet performing as fluent English proficient. Reclassification as Fluent English Proficient (RFEP) is not recommended. Teacher Signature Date                                 |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| Overall Comments:                                                                                                                                                                           |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
|                                                                                                                                                                                             |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
|                                                                                                                                                                                             |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| Site Administrator Signature Date                                                                                                                                                           |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| IV. DOCUMENTATION OF COMMUNICATION TO PARENT/GUARDIAN                                                                                                                                       |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| □ Letter (U.S. Mail □ Phone Call □ Conference                                                                                                                                               |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| Parent/Guardian Sig                                                                                                                                                                         | gnature _ |      |                                                                           |                                         | Date                                               |                                                                   |                    |                  |                |      |
| Official Use Only                                                                                                                                                                           |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |
| <ul> <li>Reclassification Approved (met all criteria)</li> <li>Reclassification Not Approved</li> </ul>                                                                                     |           |      |                                                                           |                                         | ELSD Director Signature     Date                   |                                                                   |                    |                  |                |      |
|                                                                                                                                                                                             |           |      |                                                                           |                                         |                                                    |                                                                   |                    |                  |                |      |



## **English Learner Reclassification Form**

Use this document to change a student's language classification from English Learner (EL) to Fluent English Proficient (RFEP). The criteria for reclassification are:

- English language proficiency
   Overall: Advanced (5) or Early Advanced (4)
   Sub-tests: Advanced (5) or Early Advanced (4)
   One sub-test at the Intermediate (3) level (preferred)
   \*Reading and Writing sub-tests are not considered at TK-1st grades.
- II. <u>Adequate performance in English Language Arts (ELA), English Language</u> <u>Development (ELD), and Math</u>
- III. <u>Teacher input</u> (attach additional evidence if needed)
- IV. <u>Parent consultation</u>. (Parents have a legal right to participate in the reclassification process. Reasonable attempts to contact parents regarding their opinion and consultation must be documented in part IV)

A copy of this completed form and any additional related documentation is to be filed in student's EL Cum Folder (purple folder) and a copy is to be provided to the parent. All monitoring dates and notes need to be documented in Aeries.