

**Reclassification of English Learner Students to Fluent English Proficient
Form – Grades 2-5**

Name: _____ Student Perm ID# _____
Last First Middle

Date: _____ Grade: _____ Teacher: _____

School Name: _____ Date of Birth: _____

Primary Language: _____ Date Entered Program: _____

An English Learner must meet all four criteria to be reclassified as Fluent English Proficient.

I.) Assessment of English Proficiency

California English Language Development Test (CELDT)

Student’s Overall Proficiency Level is Early Advanced or higher (Level 4 or Level 5) and each skill area proficiency level is Intermediate or higher (Level 3, 4 or 5).

Date Testing Completed _____

	<u>Scale Score</u>	<u>Level</u>
Listening	_____	_____
Speaking	_____	_____
Reading	_____	_____
Writing	_____	_____
Overall Score	_____	_____

Does the student’s overall score meet this criterion? Yes or No

II.) Performance in Basic Skills

English-Language Arts (ELA) section of the California Standards Test (CST)

Student must score at 325 or above in order to meet this criterion.

	<u>Date</u>	<u>Score</u>
ELA CST	_____	_____

Does the student’s overall score meet this criterion? Yes or No

III.) Teacher Evaluation of Student Academic Performance

1. Does the student’s academic performance indicate readiness to participate effectively in the district’s grade level curriculum based on report cards, classroom work and teacher observation? Yes or No

If yes, please indicate measures used:

	<u>Date</u>	<u>Score</u>
<input type="checkbox"/> Recent Writing Sample	_____	_____
<input type="checkbox"/> Other _____	_____	_____

District Measure of Student Performance

I have reviewed the student’s performance in all academic subjects and verify that the student’s performance is at or above grade level standards in academic subjects (reading, language arts, math, social studies, and science).

Does the student’s performance meet this criterion? Yes or No

Teacher Signature: _____ **Date:** _____

IV.) Parent Opinion and Consultation

I understand that my child has developed English and academic skills needed to successfully learn grade level standards and curriculum in an English language mainstream program. I further understand that my child will not receive English Language Development (ELD) instruction after reclassification.

Parent/Guardian’s comments: _____

Parent/Guardian’s Signature: _____ Date of Meeting: _____

Does the parent/guardian approve to reclassify the student? Yes or No

Recommended Action

PLEASE CHECK ONE OF THE BOXES BELOW

- This student fully meets all four reclassification criteria and is **recommended** for reclassification.
- This student meets all four reclassification criteria, but is **not recommended** for reclassification for the following reasons:

- This student does not meet all four criteria, but is **recommended** for reclassification for the following reasons:

- This student does not meet all four criteria and is **not recommended** for reclassification.

Printed Name of Principal/Designee: _____

Principal/Designee’s Signature: _____ Date: _____

District Approval: _____ Date: _____

Required Monitoring

Monitoring – Student performance must be monitored for three years following reclassification.

Date: _____ Student’s Progress Satisfactory Unsatisfactory

Action

Place original in CUM Folder and send a copy to the district’s EL services department.

ACTION: This student is reclassified as “R” in Eagle student information system.

Eagle entry date _____ **By:** _____