

**Reclassification of English Learner Students to Fluent English Proficient  
Form – Grades 6 - 12**

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	_____	_____
<b>Overall Score</b>	_____	_____

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 or CMA (if reflected in IEP)	_____	_____

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

<b>If yes, please indicate measures used:</b>	<b>Date</b>	<b>Score</b>
<input type="checkbox"/> Recent Writing Sample	_____	_____
<input type="checkbox"/> Other _____	_____	_____

*District Measure of Student Performance*

I have reviewed the student's grades in all academic subjects and verify that the student's performance is at or above grade level standards in academic subjects.

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:** \_\_\_\_\_