

**LANGUAGE RECLASSIFICATION FIRST (6 MONTH) FOLLOW UP  
SECONDARY**

Student \_\_\_\_\_ ID \_\_\_\_\_ Date of reclassification \_\_\_\_\_

School \_\_\_\_\_ English Teacher \_\_\_\_\_ Per \_\_\_\_\_ Grade \_\_\_\_\_

Six months following an English learner’s reclassification to R-FEP, the student’s progress will be reviewed as outlined below. The original of this form should be sent to English Learner Services and a copy placed in the student’s Cum folder.

**I OBSERVATION YES NO**

**A Observation of Oral English**

Use the Student Oral Language Observation Matrix (S.O.L.O.M) as a guide.

1. Does the student demonstrate adequate oral language skills? \_\_\_\_\_

**B Academic Skills and General School Success**

1. Has the student maintained a C or above average in English, Math Social Studies, and Science? \_\_\_\_\_

Is this lack of success due to a language barrier? \_\_\_\_\_

If no, explain: \_\_\_\_\_

	1 <sup>st</sup> Semester	Teacher
English		
Math		
Social Studies		
Science		

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Has the placement adjustment been relatively smooth for the student? \_\_\_\_\_

3. Has the student generally been able to complete assignments on time? \_\_\_\_\_

**II RECOMMENDATION**

A Student language classification and program placement are appropriate to meet student’s present needs. \_\_\_\_\_

If NO, what intervention measures have you implemented?  
\_\_\_\_\_  
\_\_\_\_\_

B A new program placement might be more appropriate to meet the student’s present needs. \_\_\_\_\_

Specify for “YES” response: \_\_\_\_\_

If B is checked “YES”, contact principal and RAP Center for further review.

C Comments: \_\_\_\_\_

**III Administrator or Designee’s Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Distribution: Original – EL Services Copy – CUM folder**

# West Contra Costa Unified School District

## LANGUAGE RECLASSIFICATION SECOND (ONE YEAR) FOLLOW UP SECONDARY

Student \_\_\_\_\_ ID \_\_\_\_\_ Date of reclassification \_\_\_\_\_

School \_\_\_\_\_ English Teacher \_\_\_\_\_ Per \_\_\_\_\_ Grade \_\_\_\_\_

One year following an English learner's reclassification to R-FEP, the student's progress will be reviewed as outlined below. The original of this form should be sent to English Learner Services and a copy placed in the student's Cum folder.

**I OBSERVATION YES NO**

**A Observation of Oral English**

Use the Student Oral Language Observation Matrix (S.O.L.O.M) as a guide.

1. Does the student demonstrate adequate oral language skills? \_\_\_\_\_

**B Academic Skills and General School Success**

1. Has the student maintained a C or above average in English, Math Social Studies, and Science? \_\_\_\_\_

Is this lack of success due to a language barrier? \_\_\_\_\_

If no, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	1 <sup>st</sup> Semester	Teacher
English		
Math		
Social Studies		
Science		

2. Has the placement adjustment been relatively smooth for the student? \_\_\_\_\_

3. Has the student generally been able to complete assignments on time? \_\_\_\_\_

**II RECOMMENDATION**

A Student language classification and program placement are appropriate to meet student's present needs. \_\_\_\_\_

If NO, what intervention measures have you implemented?  
\_\_\_\_\_  
\_\_\_\_\_

B A new program placement might be more appropriate to meet the student's present needs. \_\_\_\_\_

Specify for "YES" response: \_\_\_\_\_

If B is checked "YES", contact principal and RAP Center for further review.

C Comments: \_\_\_\_\_

**III Administrator or Designee's Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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