

PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT
INTERIM ENGLISH LEARNER RECLASSIFICATION FORM, 2018-2019 SCHOOL YEAR

Student's Name _____ School _____ Date _____

Grade _____ Teacher _____ Student ID # _____

☐ Student has an IEP

☐ Reclassified during IEP (attach alternate form to this form)

In order to be considered for reclassification, a student **must** reach the following ELPAC proficiency levels:

ELPAC	Overall Score	Oral Language Score	Written Language Score
Minimum Level	4	3 or 4	3 or 4
Student Scores:			

If he/she meets the above ELPAC proficiency level requirements, then fill out the section below:

Grade Level	Teacher evaluation of curriculum mastery based on	Criteria	Enter Scores/ Grades	Check If Criteria Met
K	ESGI iRead MAP Assessment	Grade Level Equivalent On or Above Grade Level At least 45th percentile		
	Report Card Achievement in Reading Foundational Skills and Writing Assessments	At least + Rubric Score of at least 2		
1	iRead MAP	On or Above Grade Level At least 45th percentile		
	Report Card Achievement in Reading Standards Literature/Informational Text and Writing Ability	Rubric Score of at least 2		
2	iRead MAP Assessment	On or Above Grade Level At least 45th percentile		
	Report Card Achievement in Reading Standards Literature/Informational Text and Writing Ability	Rubric Score of at least 3		
3-12	CAASSP Summative Assessment ELA MAP Assessment	At least "Nearly Met Standards" At least 45th percentile		
	Report Card Achievement Score in Reading/Writing 3-5 or English Language Arts 6-12. <i>(Grades are considered as evidence but are not the determining factor in reclassification.)</i>	Recommended Rubric Score of at least 2 or Grade of at least "C"		

Teacher Evaluation:

Using the above criteria, I find that this student has demonstrated English language proficiency comparable to that of an **average native English speaker** and can participate fully and successfully in the regular instructional program.

- ☐ Reclassify student as Full English Proficient (RFEP) with progress monitoring for four years.
☐ Do not reclassify at this time and continue providing designated ELD.

Teacher Signature: _____ Date: _____

Approval of Site Administrator: Signed _____ Date: _____

Reviewed by Site
EL Coordinator

_____ Initial

District ELD Office will contact parents/guardians to seek their opinion regarding reclassification.

Parent letter mailed _____ Date: _____

Approval of District Administrator: Signed _____ Date: _____



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT ENGLISH LEARNER WITH SPECIAL NEEDS RECLASSIFICATION WORKSHEET

1. Student Information

Name: _____ Date of Birth _____ Date of Meeting: _____
School: _____ Grade: _____ Case Carrier _____
Primary Disability: _____ Secondary Disability: _____
Summary of English language development services received: _____
Date of US School Entry _____ Number of Years in US Schools _____ Is student at risk of LTEL? Yes or No

2. Assessment Results of Language Proficiency *(Note: The CDE regulations allow the IEP team to designate that a student take an alternate assessment to CELDT/ELPAC if appropriate)*

CELDT/ELPAC or alternate assessment for past three years, if available.

	Current Year (ELPAC)			Last Year (CELDT)			Two Years Ago (CELDT)		
	Test Date	Level		Test Date	Raw Score	Level	Test Date	Raw Score	Level
Overall			Overall						
Oral Language Score			Listening						
			Speaking						
Written Language Score			Reading						
			Writing						

- Did the student score proficient in listening and speaking, but did not meet criteria in reading and writing due to a diagnosed disability such as a specific learning disability in the area of reading, reading comprehension, and/or writing? ☐ Yes ☐ No
Speech-Language Pathologist/School Psychologist Signature _____
- Does the reclassification team think it is likely the student has reached an appropriate level of English proficiency in oral language and language arts commensurate with his/her cognitive abilities due to a diagnosed disability, traumatic brain injury, autism, or other impairment? ☐ Yes ☐ No
Speech-Language Pathologist/School Psychologist Signature _____
- Comments _____



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT ENGLISH LEARNER WITH SPECIAL NEEDS RECLASSIFICATION WORKSHEET

3. Comparison of Basic Skills *Note: Assessment of language proficiency using an objective assessment instrument; SBAC, MAP or CAA score in English/language arts (ELA) must be at least nearly met standard; for pupils scoring below the cut point, determine whether factors other than English language proficiency are responsible and whether it is appropriate to reclassify the student.*

☐ CAA ELA _____ Math _____ (Did Not Meet, Nearly Met, Met, Exceeded)

☐ CAASPP ELA _____ Math _____ (Did Not Meet, Nearly Met, Met, Exceeded)

☐ MAP ELA _____ Math _____ (Percentile Score)

☐ Other:

Did student meet the Performance on CAASPP/MAP or **other assessment** criteria? ☐ Yes ☐ No

☐ Student's Basic Skills assessment scores appear to be commensurate with his/her intellectual ability due to a disability such as an intellectual disability, speech & language impairment, etc., versus a language difference, and primary language assessments indicate similar levels of academic performance (if available and applicable) or,

☐ Error patterns noted mirror the patterns of errors made by students with a particular disability versus peers with language differences and student has language proficiency in all other areas.

4. Teacher Evaluation *Note: Having incurred deficits in motivation & academic success unrelated to English language proficiency (i.e. disability) does not preclude a student from reclassification.*

Evaluation is based on: ☐ Classroom performance ☐ District-wide assessments ☐ IEP Goal Progress ☐ Other:

Evaluation Comments:

5. Parent Opinion and Consultation

My signature indicates that I have had the opportunity to provide input and express my opinion on the decision for reclassification.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

Does the Reclassification Team think the student should be reclassified at this time based on analysis of the criteria above? ☐ Yes ☐ No

Signature of Case Manager

Printed Name of Case Manager

Date

Signature of Other

Printed Name of Other

Date

Signature of Teacher

Printed Name of Teacher

Date

Signature of Other

Printed Name of Other

Date

Signature of Administrator

Printed Name of Administrator

Date

Signature of Other

Printed Name of Other

Date