

## CRITERIA FOR RECLASSIFICATION

### Criteria for Reclassification:

- The student must have an overall score of 4 (Well-Developed) on the ELPAC).
- The student must also score standard met or standard exceeded in Language Arts on the SBAC.
- The student must have satisfactory grades.
- Other documentation that supports recommendation of reclassification will be considered.
- Agreement by parents, teacher, and school administrator.
- Kinder & 1st: Any K or 1st grade student with an overall ELPAC score of 4 is eligible for reclassification.

### CHINO VALLEY UNIFIED SCHOOL DISTRICT

~ 5130 Riverside Drive, Chino CA 91710 ~ (909) 620-1201, Ext. 1380

### RECLASSIFICATION FORM

Student \_\_\_\_\_ Perm ID# \_\_\_\_\_

School: \_\_\_\_\_ Requested by: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: 5 Track: \_\_\_\_\_ Spec Ed: \_\_\_\_\_ Teacher: \_\_\_\_\_

#### SECTIONS 1, 2, 3 & 5 TO BE COMPLETED BY SCHOOL SITE

<b>Section 1: DISTRICT RECOMMENDATION based on ELPAC and Academic Achievement</b>							
Evidence of English Language Proficiency (English Language Proficiency Assessments of California - ELPAC) Overall Level must be 4 (Well Developed) (Circle scores below)						Date of Assessment	Confirmed by District
ELPAC OVERALL Score			Level:				
ELPAC Oral Language (Listening/Speaking)			Level:				
ELPAC Written Language (Reading/Writing)			Level:				
<b>Evidence of Academic Achievement</b>							
Smarter Balanced English-Language Arts				Other (Please attach):			
<b>Section 2: TEACHER RECOMMENDATION (Elementary: 3 or 4 on core academic subjects; Secondary: C or 2.0 GPA or better on core academic subjects)</b>							
Grading Period:	Subject:	Subject:	Subject:	Subject:	Subject:	Subject:	
	Grade:	Grade:	Grade:	Grade:	Grade:	Grade:	
<b>Section 3: THIS SECTION TO BE COMPLETED FOR EL STUDENTS WITH AN IEP (SPECIAL EDUCATION)</b>							
Current Progress towards IEP goals & objectives indicate student is making satisfactory progress.					70% or better	YES	NO
Signature of Special Education Case Carrier:					Date:		
<b>Section 4: THIS SECTION COMPLETED BY LANGUAGE ASSESSMENT OFFICE</b>							
<input type="checkbox"/> STUDENT MEETS ALL RECLASSIFICATION CRITERIA. School site schedules consultation with parent/guardian, teacher, and site administrator to proceed with reclassification process. Parent/Guardian Opinion & Consultation section is completed (Section 5). <input type="checkbox"/> RECLASSIFICATION REQUEST DENIED (Reason)							
Signature of District Administrator:				Date Mailed:			
<b>Section 5: PARENT / GUARDIAN OPINION, CONSULTATION &amp; OUTCOME</b>							
Reclassification Meeting with parent/guardian, teacher and site administrator was held on _____ (date).							
Parent/Guardian was contacted on (date) _____ by: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Parent/Guardian declined to attend							
I have had the opportunity to consult and express my opinion with the teacher and site administrator regarding the reclassification of my child: <input type="checkbox"/> approve <input type="checkbox"/> deny that he/she be reclassified as a Fluent English Proficient (R-FEP) student and exit the English Learner (EL) program.							
Signature of Parent/Guardian:					Date:		
Signature of Teacher:					Date:		
Signature of Site Administrator:					Date:		
Parent keeps pink copy. Send signed original forms (white & yellow) to the LAC. White copy will be stamped and sent back to the site to be filed in the blue EL folder. LAC keeps yellow copy.							
<b>COMPLIANCE REQUIREMENT: All R-FEP students will be monitored for four years.</b>							