

RECLASSIFICATION REQUEST FORM - Grades K – 3rd

School _____ Date _____
 Student Name _____ I.D. # _____ Grade _____
 Date of Birth _____ Primary Language _____

1. Assessment of English Language Proficiency:

A student must meet the threshold score per their grade level indicated in the table below in the Overall section of the English Language Assessment for California Test (ELPAC). In addition, their Oral Language score and their Written Language score must be Level (3) or higher.

Overall ELPAC Score	Scale score
K 1428 or above	
1 st 1451 or above	
2 nd 1467 or above	
3 rd 1514 or above	

Circle one for each area:

Oral Language Score	Level	3	4
Written Language Score	Level	3	4

This student was assessed with an Alternate Assessment and scored proficiency in this language assessment instrument
 ELPAC's Date: _____

2. Basic Skills in English Language Arts:

English Language Arts (ELA) Students must meet one of the following:

- 65% or above in the multiple-choice portion of two ELA unit assessments
 Unit: _____ Score: _____ Unit: _____ Score: _____
- DORA: Profile C or H: _____

3. Teacher Evaluation: (Deficits in motivation and academic success NOT related to English Language Proficiency do not prevent a student from reclassification.)

Based on the information on this form, is this student recommended for reclassification? Yes/ No
 If he/she is not, please explain why and provide evidence. _____

Teacher Name: _____ Signature: _____ Date: _____

4. Parental opinion and consultation:

Parent _____ Date _____
 Parent Meeting Date: _____
 Per Letter _____ Per Phone Call _____ Spoke to _____ Date _____ Time _____

RECOMMENDED FOR RECLASSIFICATION

Yes/No _____ Date: _____ Request Initiated by: _____
(Name) (Title)

- SST/Parent Conference: Yes/No Date: _____ Hearing/Vision screening: Pass/No Pass

Intervention Suggested (If the student does not meet reclassification criteria, an intervention must be provided)

<input type="checkbox"/> Academic Contract/Student Conference	<input type="checkbox"/> Sat./before/after school Language Devlp. Intervention
<input type="checkbox"/> Sat./before/after school	<input type="checkbox"/> Other: Specify _____

Collect evidence of intervention when provided for submission at the end of the intervention.

Principal or Designee _____ Date _____