



Instructional Services Department

RECLASSIFICATION REQUEST FORM - Grades 9th – 12th

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.

Table with 2 columns: Overall ELPAC Score, Scale score. Rows for 8th, 9th-10th, and 11th-12th grades with minimum scale scores.

Table for Oral and Written Language Scores with columns for Level (3, 4).

ELPAC 's Date: _____

This student was assessed with an Alternate Assessment and scored proficient in this language assessment instrument

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
A proficient score on District Benchmark Constructed Response Rubric
SBAC ELA Standard Nearly Met at; (Scale scores are from previous grade SBAC assessment)
GPA 2.0 or above

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)

Table with 2 columns for intervention options: Academic Contract/Student Conference, Sat./before/after school, Sat./before/after school Language Devlp. Intervention, Other: Specify

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

Principal or Designee _____ Date _____