



Huntington Beach City School District

RECLASSIFICATION FORM FOR ENGLISH LEARNERS TO FLUENT ENGLISH PROFICIENT (R-FEP)



Student Name: _____

Student ID#: _____

School: _____

Grade: _____

Date: _____

The above named English learner is eligible to be reclassified as a fluent English proficient (R-FEP) student based on the criteria listed below.

RECLASSIFICATION CRITERIA

1. Assessment of Language Proficiency

ELPAC Proficiency Levels: _____ **Assessment Date:** _____

Listening _____ Speaking _____ Reading _____ Writing _____ Overall _____

(Must be at level 4 overall score and *well developed* 3 or higher in each domain.)

2. Comparison of Performance in Basic Skills

Grade Levels 1-3	Grade Levels 4-8
<input type="checkbox"/> <i>Articulated Writing Prompt</i> (must score 3 or 4): Date: _____ Score: _____	<input type="checkbox"/> <i>Articulated Writing Prompt</i> (must score 3 or 4): Date: _____ Score: _____
<input type="checkbox"/> <i>DIBELS Next</i> (must score at or above benchmark): <u>Grade 1:</u> Nonsense Word Fluency Score: _____ <u>Grades 2-3:</u> DIBELS Oral Reading Fluency Score: _____	<input type="checkbox"/> <i>SBAC ELA</i> (must score 3 or 4 in area of ELA): Date: _____ Level: _____

3. Teacher Evaluation of Student Academic Performance

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Elementary School - Meets grade-level standards in reading, language arts, and mathematics.
 Teacher Signature: _____

Middle School - Meets grade-level standards in reading/language arts and maintains a 2.0 or higher academic G.P.A. Student G.P.A.= _____
 Core Teacher's Signature: _____

4. Parent Opinion and Consultation

I have been informed of the reclassification process and understand that my child is a candidate for reclassification as a fluent English Proficient student who will no longer receive specialized English language assistance once reclassified.

Parent / Guardian's Signature: _____ **Date:** _____

Principal's Signature: _____ **Date:** _____

For exclusive use by staff from Educational Services

- The above student has met the reclassification criterions.**
- The above student has not met the reclassification criterions.**

Final Reclassification Approval _____ Date entered _____ ES employee's initials _____
Coordinator of English Learners Program

Distribution: Original Copy – CUM Copy – Parent