



Marysville Joint Unified School District

Reclassification Form SY 20_____ 20_____

Name: _____ Grade: _____ SSID: _____
 School: _____ IEP: Yes No Primary Language: _____ DOB: _____

Prior to classification to Fluent English Proficient, each English Learner must meet district developed, state-approved criteria. This form is to be completed for each student considered for reclassification and then submitted to the District Office, Educational Services Department. All ELPAC and assessment data must be no more than one year from reclassification form date.

Academic Criterion	Standard	Documentation
# 1 Assessment of English Language Proficiency	<input type="checkbox"/> English Language Proficiency Assessment for California <input type="checkbox"/> Overall level is Well Developed - Level 4 OR <input type="checkbox"/> Level 3 if student has an IEP	<p style="text-align: center;">Overall</p> SS: _____ PL: _____ Date of current State Test: _____
# 2 Teacher Evaluation including, but not limited to, Curriculum Mastery	<input checked="" type="checkbox"/> The student understands and speaks conversational English without difficulty. <input checked="" type="checkbox"/> The student understands and speaks academic English without difficulty. <input checked="" type="checkbox"/> The student continues to acquire reading and writing skills in content areas needed to achieve grade level expectations. <input checked="" type="checkbox"/> The student is making satisfactory progress in written English assignments. Errors do not interfere with the comprehension of the student's writing. <input checked="" type="checkbox"/> Teacher agrees that student is performing proficiently in these academic areas or that any incurred deficits are due to factors unrelated to English language proficiency.	I verify that this student has met these criteria, and recommend that this student be reclassified as Fluent English Proficient (RFEP). _____ Teacher's Name _____ Teacher's Signature Date
# 3 Parent Opinion and Consultation	Contact was made by <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> meeting If contact was made by mail, date the letter was mailed _____ Brief description of consultation: _____	Language: _____ _____ Parent/Guardian Signature Date
# 4 Basic Skills <small>Comparison of student performance in basic skills against an established range of performance in basic skills based on the performance of English proficient students of the same age.</small>	Student must attain at least one of the following: Overall Score of Standard met or higher in English Language Arts on Smarter Balanced Summative Assessments. <p style="text-align: center;">and/or</p> Grades K-1 STAR Early Literacy Probable Reader (775-900) or Amira Developing/On Track Reader (Score 40 or higher) - may not use Feb District benchmark score for reclassification Grades 2-12 STAR IRL is within 1.2 of Grade Equivalent or Overall 4 or 5 TELL Diagnostic <p style="text-align: center;">and/or</p> Overall Proficient on one District Benchmark or classroom based principal approved, grade-level standards based common formative assessment.	Qualifying Assessment _____ Score _____ <p style="text-align: center;">OR</p> Benchmark Test Name Score _____ _____ Principal signature
#5 Recommendation	Student has met all of the criteria necessary for reclassification. Reclassification is effective immediately.	
	_____ EL Site Facilitator Signature	_____ Print name and position
	_____ Date	_____ Date
	_____ Principal/Designee Signature	_____ Print name and position
	_____ Date	_____ Date
	_____ District Signature	_____ Print name and position
	_____ Date	_____ Date
	_____ Student Signature	_____ Print name
	_____ Date	_____ Date