



## 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. Accommodations should be considered/provided as needed for ELs with IEPs.*

Academic Criterion	Standard	Documentation
<b># 1</b> <b>Assessment of English Language Proficiency</b>	<b>English Language Proficiency Assessment for California</b> <input type="checkbox"/> Overall level is Well Developed (level 4) <b>OR if student has an IEP:</b> <input type="checkbox"/> IEP team determined student will benefit from reclassification.	Overall SS: _____ PL: _____ Date of current State Test: _____
<b># 2</b> <b>Teacher Evaluation including, but not limited to, Curriculum Mastery</b>	<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 <span style="float: right;">Date</span>
<b># 3</b> <b>Parent Opinion and Consultation</b>	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:  Date of IEP if applicable: _____	Language: _____  _____ Parent/Guardian Signature <span style="float: right;">Date</span>
<b># 4</b> <b>Basic Skills</b>	Comparison of student performance in basic skills against an empirically established range of performance in basic skills based on the performance of English proficient students of the same age.  Student must attain at least one of the following: <input checked="" type="checkbox"/> Overall Score of <b>Standard met or higher</b> in English Language Arts on Smarter Balanced Summative Assessments. <b>and/or</b> <input checked="" type="checkbox"/> Grades K-1 STAR Early Literacy Probable Reader (775-900) <input checked="" type="checkbox"/> Grades 2-12 STAR IRL is within 1.2 of Grade Equivalent or Overall 4 or 5 TELL Diagnostic <b>and/or</b> <input checked="" type="checkbox"/> Overall Proficient on <b>one</b> District Benchmark/classroom based principal approved, grade-level, standards based common formative assessment).  <b>OR if student has an IEP:</b> <input checked="" type="checkbox"/> IEP team determined student will benefit from reclassification	<b>Qualifying Assessment</b> _____ <b>Score</b> _____ <b>OR</b> <b>Benchmark Test Name</b> _____ <b>Score</b> _____  _____ <b>Principal signature</b> _____
<b>#5</b> <b>Recommendation</b>	Student has met all of the criteria necessary for reclassification. Reclassification is effective immediately.  _____ EL Site Facilitator Signature <span style="float: right;">Print name and position</span> <span style="float: right;">Date</span>  _____ Principal/Designee Signature <span style="float: right;">Print name and position</span> <span style="float: right;">Date</span>  _____ District Signature <span style="float: right;">Print name and position</span> <span style="float: right;">Date</span>  _____ Student Signature <span style="float: right;">Print name</span> <span style="float: right;">Date</span>	

- All ELPAC and assessment data must be no more than one-year from reclassification form date.
  - ELs with IEPs: if the IEP team determines that an EL with an IEP would benefit from EL reclassification, but the disability prevents him/her from meeting the above criteria, the IEP team needs to contact the EL Facilitator for additional guidance.
- If no response is received from the parent within 15 days of the date of this letter, the reclassification process will proceed at the discretion of site principal/designee.