

School Year: _____

Sacramento City Unified School District
Multilingual Literacy

SCHOOL: _____

RECLASSIFICATION FORM

STUDENT'S NAME: _____

STUDENT ID: _____ STUDENT STATE ID: _____

BIRTHDATE: _____ GRADE: _____

PRIMARY LANGUAGE: _____

Criteria met for reclassification are: _____

A. ENGLISH PROFICIENCY

ELPAC DATE: _____

ELPAC TESTS	Level	CELDT TESTS	Level
Overall		Reading	
Listening		Writing	
Speaking			

B. BASIC SKILLS on SBAC ELA, ELA Benchmark, or iReady

CURRENT ASSESSMENTS	Standard	Actual Results
PSAT 8/9	8 th >395; 9 th >410/Pass	
PSAT	10 th >452; 11 th >541/Pass	
SAT	11 th >483/Pass	
Person Benchmark	Percentage/Pass	
Benchmark Advance Interim 3 Posttest	Scale/Pass	
iReady	Scale/Pass	

C. TEACHER PARTICIPATION

Can this student complete grade level coursework without the need for additional English Language Development and/or sheltered content instruction?

Yes **No**

D. PARENT OPINION AND CONSULTATION

Does parent agree that student should be reclassified? *Yes* *No*

Date of Communication: _____

E. RECLASSIFICATION TEAM DECISION *(Please check one)*

____ Reclassify to Fluent English Proficient

Date: _____

____ Continue in program for English Learners

Comments/Reasons:

«Evidence»

Multilingual Literacy Director: _____