



**FOLLOW-UP FORM FOR RECLASSIFIED STUDENTS**

STUDENT NAME: _____		STUDENT ID: _____	
SCHOOL: _____	GRADE: _____	DATE OF REVIEW: _____	
CURRENT TEACHER: _____		PERIOD: _____	

**Data used for reclassification**

Date of <u>Reclassification</u>  _____	CELDT Date - _____		CELDT OVERALL LEVEL - _____	
	<u>California Standards Test Scores of Year</u>			
	<u>Language Arts</u>		<u>Mathematics</u>	
	Scale Score: _____	Level: _____	Scale Score: _____	Level: _____

**California Standards Test Scores for Two Years**

	<u>CST Test Year: _____</u>		<u>CST Test Year: _____</u>	
	<u>Scale Score</u>	<u>Level</u>	<u>Scale Score</u>	<u>Level</u>
Language Arts	_____	_____	_____	_____
Mathematics	_____	_____	_____	_____

**Findings**

- \_\_\_\_\_ Student needs no intervention. Reason: \_\_\_\_\_
- \_\_\_\_\_ Student needs continued monitoring and may need extra support to meet grade level standards.
- \_\_\_\_\_ Student needs intervention and/or extra support.

**Person providing intervention and/or extra support**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Complete this form and file a copy of it in the student's EL folder.**

Describe the intervention and extra support that is being provided to this student to help her/him meet grade level standards.

Description of Intervention	Time Frame	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Teacher/EL Representative

\_\_\_\_\_  
Date