RECLASSIFICATION FORM FOR GRADES 7 - 8

STUDENT’S NAME: ____________________________________________
STUDENT ID: ___________ BIRTHDATE: _________________________
GRADE: ___________ PRIMARY LANGUAGE: ________________
DATE FIRST IDENTIFIED AS AN ENGLISH LEARNER: __________

A. ENGLISH PROFICIENCY

CELDT DATE: ____________________________

<table>
<thead>
<tr>
<th>CELDT TESTS</th>
<th>Level</th>
<th>CELDT TESTS</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Level</td>
<td></td>
<td>Reading</td>
<td></td>
</tr>
<tr>
<td>Listening</td>
<td></td>
<td>Writing</td>
<td></td>
</tr>
<tr>
<td>Speaking</td>
<td></td>
<td></td>
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</tbody>
</table>

B. BASIC SKILLS on CST or CMA

<table>
<thead>
<tr>
<th>CALIFORNIA STANDARDS TESTS</th>
<th>EXPECTED SCALE SCORES</th>
<th>ACTUAL RESULTS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Arts</td>
<td>324 or above</td>
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1. Curriculum embedded assessment is NOT required for CST scale scores 350 or above.
2. *Curriculum embedded assessment is required for CST ELA scale scores that are at 324-349.

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    ELA Teacher Signature: ____________________________

D. PARENT CONSULTATION AND OPINION

_____ Reclassification Team Meeting    Date of Communication
_____ Phone Call    _____ Letter

E. RECLASSIFICATION TEAM DECISION (Please check one)

_____ Reclassify to Fluent English Proficient (RFEP)
_____ Continue in program for English Learners (EL)

Comments/Recommendations:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

F. REQUIRED SIGNATURES

Parent: ____________________________________________

EL Site Representative: ____________________________

Principal: ____________________________

Multilingual Literacy Staff: ____________________________ Date: __________

Form Rev. 9/26/2013