



Year: \_\_\_\_\_

**RECLASSIFICATION FOLLOW-UP FORM**

English Learners are monitored at the school site (once a year) for a minimum of two years after the reclassification date. Reclassified students are calculated as part of the EL subgroup until they demonstrate continue proficiency on grade level criteria for two consecutive years following reclassification. Academic progress will be documented at the school site and submitted on an annual basis to the Multilingual Literacy Department.

Student Name: _____	Grade: _____	School: _____
Student ID No: _____	Parent Name: _____	
Participant(s) in attendance:	Parent: _____	Parent Phone #: _____
	ELA Teacher: _____	
	EL Contact: _____	Reclassification Date: _____
	Administrator: _____	Follow-Up Date: _____

**Current Assessment Record**

iReady: \_\_\_\_\_ SBAC-ELA: \_\_\_\_\_

District Benchmark: \_\_\_\_\_ Other\* \_\_\_\_\_

**\*If no assessment is completed above, then site must fill in classroom ELA assessments or grade under "Other."**

<b>Recommended Intervention(s):</b> Attach copies of all documentation (CHECK ALL THAT APPLY)	<b>Description, Dates, and Student Outcomes</b>
YES <input type="checkbox"/> NO <input type="checkbox"/> Student Study Team – Date(s) _____ _____	_____ _____ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> On-Site Interventions - Skills _____ _____	_____ _____ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Parent Conference(s) – Date(s) _____ _____	_____ _____ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Student Conference(s) – Date(s) _____ _____	_____ _____ _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Other: _____ _____	_____ _____ _____

ELA Teacher: Signature: _____ Date: _____	Administrator: Signature: _____ Date: _____
EL Contact/Advisor Signature: _____ Date: _____	Student Signature: _____ Date: _____