# Lemon Grove School District
## English Learner Reclassification Profile

**STUDENT:  GRADE: ID#  SCHOOL:**          **DATE:**

| Reclassification Criteria* | Acceptable Standard |
|---|---|
| A. English proficiency demonstrated on the English Language Proficiency Assessments for California (ELPAC) in Listening, Speaking, Reading, and Writing | Overall Performance Level (OPL) of Well Developed Level 4 |
| B. CAASPP – California Assessment of Student Performance and Progress in English Language Arts (ELA), If not available, comparable district-wide assessments may be substituted | Performance level of Standard Exceeded or Standard Met, with consideration to Standard Nearly Met |
| C. Teacher evaluation that includes but is not limited to the pupil's academic performance | By signing this profile, teacher verifies that this student will be able to do grade level work in core academic subjects in a regular program designed for native and fluent English speakers. ***Requires 3 teachers' signatures for approval in middle schools.*** |
| D. Parent/Guardian consultation | After approval of classroom teacher(s) and the EL Facilitator or Principal, the parent/ guardian is given an opportunity to consult with the staff regarding the reclassification process. |
| *For Reclassification, students must meet the acceptable standard for ALL criteria (A-D)* | |

## Reclassification Candidate Information

### A. ELPAC Results                    Test Date: Spring 2018/19

| | ORAL (Listening & Speaking) | WRITTEN (Reading & Writing) | Overall |
|---|---|---|---|
| Performance Level | | | |
| Scale Score | | | |

### B. ELA – CAASPP or Comparable Test: Spring 2018/19

| Performance Level | | Grade Level When Tested |
|---|---|---|
| ELA: | | |

### C. Teacher Judgment PLEASE COMPLETE WITH CURRENT ORR LEVEL THX

| Reading Inventory | and/or | Interim Assessment |
|---|---|---|
| Lexile/Fountas & Pinnell Level: | | ELA: |

_____     _____
Recommending Teacher's Signature (***Requires 3 teachers' signatures for approval in middle schools***)          Principal's / EL Facilitator's Signature

_____
Bilingual Instructional Assistant's Signature

## D. Parent / Guardian Consultation

Date: _____          Parent/Guardian Signature_____

Method: U.S. Mail ☐     E-Mail ☐     Student-Delivered ☐     Conference ☐

| *Projects Office Use Only* |
|---|
| Approved: _____     Denied: _____     Date: _____  Reason: |
| Copy 1 – Language Folder/Cum   Copy 2 – Projects Office   Copy 3 - Parent |

19-20 Reclass Profile