

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 <sup>th</sup> >395; 9 <sup>th</sup> >410/Pass	
PSAT	10 <sup>th</sup> >452; 11 <sup>th</sup> >541/Pass	
SAT	11 <sup>th</sup> >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: \_\_\_\_\_