### Modified English Learner Reclassification Form for Students
Who Receive Special Education Services: Grades 3-5

Use this document to change a student's classification from English Learner (EL) to Fluent English Proficient (FEP). The factors for reclassification are English language proficiency, performance in basic skills, teacher evaluation, parent opinion and consultation. Parents have a legal right to participate in the reclassification process. Reasonable attempts to contact parents regarding their opinion and consultation must be documented (part E). Please submit to MPD after completing part B number 3 through part E on this form for approval and to meet state reporting requirements.

#### A. Student Information
Name: ________________________________________ HO#: __________ Entry Date: __________
Primary Language: _______ Grade: _______ School: _______________________________________
Pathway: Dual Language Immersion: _______ Biliteracy: _______ English Plus: _______ Other: _________

#### B. Reclassification Criteria

<table>
<thead>
<tr>
<th>1. California English Language Development Test (CELDT)</th>
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</thead>
<tbody>
<tr>
<td>3 or higher: Listening: _____ Speaking: _____ Reading: _____ Writing: _____ 4 or higher Overall: _____ Date: ________</td>
</tr>
</tbody>
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<thead>
<tr>
<th>2. California Standards Test - English/Language Arts (CST-ELA) OR Basic to Advanced Score on CMA or CAPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>CST Score: 300 or higher: _____ Date: ______ CMA Level: _______ Date: _______ CAPA Level: ______ Date ______</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>3. Student Report Card Grades (Standards-Based Report Card &quot;2.7&quot; or higher in English Language Arts, “2.5” or higher in Social Studies and Science)</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Language Arts: _______ Social Studies/History: _______ Science: _________</td>
</tr>
</tbody>
</table>

**NOTE:** If student’s grades do not meet the above criteria for reasons not due to language, please complete the attached form: “Modified Teacher Evaluation for Grades 3-5 Reclassification”.

#### C. Comments/Remedies
Please indicate if student participates or will participate in any of the following service options:
- Tutorial
- Student Assistance Program (SAP)
- Extra reading classes
- Student Success Team (SST)
- Details of plan outlined in IEP
- Other: ____________________________________________

#### D. Teacher Evaluation
☐ Student is performing as fluent English proficient. We recommend that s/he be reclassified as Fluent English Proficient (RFEP)

☐ Student is not yet performing as fluent English proficient. We do not recommend that s/he be reclassified at this time.

Teacher's Signature ___________________________ Date __________

Site Administrator’s Signature ___________________________ Date __________

#### E. Parent Opinion and Consultation
☐ U.S. Mail ☐ Conference ☐ Phone ☐ Student Delivered Date: ________

☐ Other ____________________________________________ Date: ________

Notes: __________________________________________________________________________________________

**Official Use Only**

☐ Reclassification Approved (met all criteria)

☐ Reclassification Not Approved

Signature: Multilingual Pathways Department ___________________________ Date __________