## Modified English Learner Reclassification Form for Students Who Receive Special Education Services: Grade 6-9

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

<table>
<thead>
<tr>
<th>Name: ___________________________________________</th>
<th>HO#: __________________</th>
<th>Entry Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Language: __________________</td>
<td>Grade: ______</td>
<td>School: ___________________</td>
</tr>
<tr>
<td>Pathway: Secondary Dual Language: ______</td>
<td>Newcomer ______</td>
<td>English Plus: ______</td>
</tr>
</tbody>
</table>

### B. Reclassification Criteria

1. California English Language Development Test (CELDT)
   - 3 or higher: Listening: _____ Speaking: _____ Reading: _____ Writing: _____ 4 or higher Overall: _____ Date: ____________
2. California Standards Test - English/Language Arts (CST-ELA) OR Basic to Advanced Score on CMA or CAPA
   - CST Score: ______ or higher: _____ Date: ______ CMA Level: ______ Date: ______ CAPA Level: ______ Date: ______
3. Student Report Card Grades (C or higher in English Language Arts or English Language Development)
   - English Language Arts: ___________ English Language Development: ___________

**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 6-12 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 (FEP)

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

<table>
<thead>
<tr>
<th>Teacher's Signature</th>
<th>Date: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Administrator’s Signature</td>
<td>Date: ____________</td>
</tr>
</tbody>
</table>

### 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: ____________