EL Reclassification Form

School: _____ Student: _____

Student ID: _____ Grade: _____ Current EL Level: _____

RECLASSIFICATION CRITERIA	MINIMUM SCORE REQUIRED	RESULTS
Portfolio	All areas met	
ACCESS	4.7+ Overall or Below 4.7 Overall with additional criteria below	

Based on the criteria listed above, the stakeholders agree that _____ should be reclassified from the ELD support program to monitor status beginning _____. The school's ELD program personnel will monitor the student's progress for two years.

_____ _____

EL Teacher Classroom/Content Teacher

_____

Counselor/Principal/Coordinator

Parent/Guardian Consultation - Please check the appropriate choice below:

___ conference ___ phone call ___ email

_____ _____

Parent/Guardian Date