



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT C

IEP TEAM WORKSHEET TO DETERMINE RECLASSIFICATION OF ENGLISH LEARNERS WITH IEPS IN GRADES 6-12

Student Name: _____

Student ID: _____

Student Name: _____ D.O.B.: _____ Student ID: _____
 School: _____ Location Code: _____ Grade: _____ Date of IEP Meeting: _____
 IEP Case Manager: _____ Years in EL Program: _____ Current Master Plan Program: LTEL

Consideration of the four criteria for reclassification (EC 313(F)):

Criterion 1: Assessment of English Language Proficiency

A. Current School Year Data:

Assessment Date: _____ Assessment Name: ELPAC VCCALPS (*Alternate curriculum only, check "No" below and continue to Part B.*)

Overall ELPAC Score: _____ ELPAC Oral Language Score: _____ ELPAC Written Language Score: _____

Student met language proficiency level criteria as assessed by ELPAC. Yes* No

**Note: If you check yes, all ELPAC scores must be 3 Max. or above.*

If yes, proceed to Criterion 2. If no, continue to Part B:

B. Determination:

- The IEP team has determined the student has demonstrated an appropriate level of English Language Proficiency commensurate with his/her abilities when compared to English-only peers with similar disabilities; therefore, proficiency was determined using other indicators as follows (check one or more):
 - Analysis of growth in English Language Development areas (listening, speaking, reading, and/or writing) from one year to the next per student's IEP. (Present Level of Performance and Goal/Objectives Achievement)
 - Comparison of student's formative assessment data with that of native English-speaking peers with similar disabilities in the same grade level.

Criterion 2: Teacher Evaluation of Student Academic Performance

A. Grades:

Most Recent Reporting Period: _____ English/ELA Course grade*: _____ LTEL Course grade*: _____ Alt. Curr. ELD A/B Course grade**: _____

**Note: Students must earn a C or better in grade-level English or LTEL course.*

***Note: Alternate Curriculum passing grade will not meet Criterion 2; check "No" below and continue to Part B.*

Student met academic performance indicators set by District. Yes No



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If yes, proceed to Criterion 3. If no, continue to Part B.

B. Determination:

- The IEP team has determined the student has demonstrated an appropriate level of academic performance commensurate with his/her abilities when compared to native English speaking peers with similar disabilities in the same grade level; therefore, proficiency was determined using other indicators as follows (check one or more):
 - Progress towards meeting ELA/ELD goals as determined in the student's IEP.
 - Progress on curriculum-based measures or formative assessments.
 - Student artifacts/work samples.

Criterion 3: Comparison of Performance in Basic Skills (Data must be within a 12-month period of submission of this form.)

A. Assessment: (Check all that apply.)

- RI Date: _____ RI Score/Level: _____ Smarter Balanced ELA School Year: _____ SBAC Score/Level: _____
- CAA Date: _____ (Alternate curriculum only, check "No" below and continue to Part B.)

Student met academic performance indicators set by District. Yes No

If yes, proceed to Criterion 4. If no, continue to Part B.

B. Determination:

- The IEP team has determined the student has received ELD services for more than six years and has demonstrated an appropriate level of performance in ELA basic skills commensurate with his/her abilities when compared to native English-speaking peers with similar disabilities in the same grade level.

Criterion 4: Parent/Guardian Opinion and Consultation (Check one box only.)

- The parent/guardian participated in this discussion.
- Student is 18+ years old, has educational rights and participated in this discussion.

Parent/Student comments (if applicable): _____



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IEP Team Determination (This section can only be completed *at the IEP meeting.*)

- The members of the IEP team have determined that the student is proficient in English based upon review of reclassification criteria and other data sources. The student demonstrates skills commensurate with his/her abilities when compared to native English-speaking peers with similar disabilities in the same grade level.**

Parent/Guardian/18+ Student Name: _____ Parent/Guardian/18+ Student Signature: _____ Date: _____

IEP Case Manager Name: _____ IEP Case Manager Signature: _____ Email: _____ @lausd.net

EL Representative Name*: _____ EL Rep. Signature: _____ Email: _____ @lausd.net

Administrator Name: _____ Administrator Signature: _____

*Must have provided input for this discussion at the IEP meeting.

Upload signed Attachment C into Welligent IEP Management Screen. Submit completed Attachment B and Attachment C to Local District EL Programs Coordinator.

Definition of terms:

ELPAC: English Language Proficiency Assessments for California VCCALPS: Ventura County Comprehensive Alternate Language Proficiency Survey
SBA: Smarter Balanced Assessment CAA: California Alternate Assessments RI: Reading Inventory