

Student Support and Progress Team: Reclassification Meeting Form

Student:	ELPAC Level:	Student ID:	Age:	Grade:	Teacher/Room#	Meeting Date:
Strengths (based on referral from and accompanying data):			Areas of Concern (based on referral form and accompanying data):			
Questions:			Additional Information:			
Reclassification Recommendation by SSPT (check one below):						
<input type="checkbox"/> Student is recommended for reclassification (Please complete Suggested Instructional Supports and Strategies and Follow-Up Plan below.)					<input type="checkbox"/> Student is not recommended for reclassification	
Suggested Instructional Supports and Strategies (Explain how the student will be supported after or towards reclassification.):						
Follow-Up Plan (who will support the student, how often will supports be provided, and how will progress be measured?):						
The SSPT member who have signed below participated in the reclassification review: Administrator _____ Teacher _____ EL Designee _____ Parent/Guardian: _____ Title III Coach _____ Other (Include role) _____						