



Multilingual and Multicultural Education Department
SSPT Reclassification Recommendation Form
Grade K

ATTACHMENT B1

The Student Support and Progress Team (SSPT) has reviewed all required documentation and discussed the linguistic and academic strengths/needs of the student listed below. REVISED 6/7/18

School:	School Code:	LD:	Date:	School Phone #
Student Name:		Student ID:	Grade:	School Fax #

English Language Proficiency Assessments for California (ELPAC)*							
MP Program:	Test Date:	Overall Score:	Overall Scale Score:	Oral Lang. Score:	Oral Scale Score:	Written Lang. Score:	Written Scale Score:

*Individual student scores must be attached to this form.

Elementary ELA Composite Score*	
Reporting Period:	Grade:

*Individual student report must be attached to this form.

Kindergarten DIBELS*				
MOY			EOY	
PSF	FSF	NFW-CLS	PSF	NWF-CLS

*Individual student DIBELS report must be attached to this form.

Kindergarten Data/Student Evidence*			
Other Measure/ Student Work*	Score/Results	Standards/Skills Mastered	Comments

*Student data/evidence must be attached.

For a kindergarten student: Student has met reclassification criteria and SSPT is recommending reclassification to change the language classification from Limited English Proficient (LEP) to Reclassified Fluent English Proficient (RFEP).

SSPT Chair Signature:	SSPT Date:	Principal Signature:	MMED Signature
Print Name:		Print Name:	Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Attach student evidence listed above and send via school mail to:
Local District EL Program Coordinator
Local District _____
Subject Line: Reclassification



Multilingual and Multicultural Education Department
SSPT Reclassification Recommendation Form
For ELs Not Meeting ELA Composite Score Requirement
Grade 1

ATTACHMENT B2

The Student Support and Progress Team (SSPT) has reviewed all required documentation and discussed the linguistic and academic strengths/needs of the student listed below. REVISED 6/7/18

School:	School Code:	LD:	Date:	School Phone #
Student Name:		Student ID:	Grade:	School Fax #

English Language Proficiency Assessments for California (ELPAC)*							
MP Program:	Test Date:	Overall Score:	Overall Scale Score:	Oral Lang. Score:	Oral Scale Score:	Written Lang. Score:	Written Scale Score:

*Individual student scores must be attached to this form.

Elementary ELA Composite Score*	
Reporting Period:	Grade:

*Individual student report must be attached to this form.

1st Grade DIBELS*								
MOY				EOY				
NWF- CLS	NWF- WWR	Fluency	Accuracy	NWF- CLS	NWF-WWR	Fluency	Accuracy	Retell

* Individual student DIBELS report must be attached to this form.

1st Grade Data/Student Evidence*			
Other Measure/ Student Work*	Score/Results	Standards/Skills Mastered	Comments

*Student data/evidence must be attached.

For a 1st grade student: Student has met all reclassification criteria except Report Card grade. Upon review of additional student data, it is our recommendation to reclassify this student and change the language classification from Limited English Proficient (LEP) to Reclassified Fluent English Proficient (RFEP).

SSPT Chair Signature:	SSPT Date:	Principal Signature:	MMED Signature
Print Name:		Print Name:	Date:
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	

Attach student evidence listed above and send via school mail to:
Local District EL Program Coordinator
Local District _____
Subject Line: Reclassification



Multilingual and Multicultural Education Department
SSPT Reclassification Recommendation Form
For ELs Not Meeting ELA Composite Score Requirement
Grade 2

The Student Support and Progress Team (SSPT) has reviewed all required documentation and discussed the linguistic and academic strengths/needs of the student listed below. REVISED 6/7/18

School:	School Code:	LD:	Date:	School Phone #
Student Name:		Student ID:	Grade:	School Fax #

English Language Proficiency Assessments for California (ELPAC)*							
MP Program:	Test Date:	Overall Score:	Overall Scale Score:	Oral Lang. Score:	Oral Scale Score:	Written Lang. Score:	Written Scale Score:

*Individual student scores must be attached to this form.

Elementary ELA Composite Score*	
Reporting Period:	Grade:

*Individual student report must be attached to this form.

DIBELS* MOY				DIBELS* EOY			
Fluency	Accuracy	Retell	Retell Quality	Fluency	Accuracy	Retell	Retell Quality

*Individual student DIBELS report must be attached to this form.

2nd Grade Data/Student Evidence*			
Other Measure/ Student Work*	Score/Results	Standards/Skills Mastered	Comments

*Student data/evidence must be attached.

For a grade 2 student: Student has met all reclassification criteria except Report Card grade. Upon review of additional student data, it is our recommendation to reclassify this student and change the language classification from Limited English Proficient (LEP) to Reclassified Fluent English Proficient (RFEP).

SSPT Chair Signature:	SSPT Date:	Principal Signature:	MMED Signature:
Print Name:		Print Name:	Date:
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	

Attach student evidence listed above and send via school mail to:
Local District EL Program Coordinator
Local District _____
Subject Line: Reclassification



Multilingual and Multicultural Education Department
SSPT Reclassification Recommendation Form
For ELs Not Meeting ELA Composite Score Requirement
Grades 3-5/6 Elementary

The Student Support and Progress Team (SSPT) has reviewed all required documentation and discussed the linguistic and academic strengths/needs of the student listed below. REVISED 6/7/18

School:	School Code:	LD:	Date:	School Phone #
Student Name:		Student ID:	Grade:	School Fax #

English Language Proficiency Assessments for California (ELPAC)*							
MP Program:	Test Date:	Overall Score:	Overall Scale Score:	Oral Lang. Score:	Oral Scale Score:	Written Lang. Score:	Written Scale Score:

*Individual student scores must be attached to this form.

Elementary ELA Composite Score*	
Reporting Period:	Grade:

*Individual student report must be attached to this form.

DIBELS* MOY or EOY				ELA SBAC Score*		Reading Inventory* (Grade 6)		
DAZE Score:				Score:	Proficiency Level:	Date:	Score:	Proficiency Level:
Fluency	Accuracy	Retell	Retell Quality					

*Individual student DIBELS, SBAC or Reading Inventory report must be attached to this form.

3rd - 6th Grade Data/Student Evidence*			
Other Measure/ Student Work*	Score/Results	Standards/Skills Mastered	Comments

*Student data/evidence must be attached.

For a 3rd – 6th grade student: Student has met all reclassification criteria except Report Card grade. Upon review of additional student data, it is our recommendation to reclassify the student and change the language classification from Limited English Proficient (LEP) to Reclassified Fluent English Proficient (RFEP).

SSPT Chair Signature:	SSPT Date:	Principal Signature:	MMED Signature:
Print Name:		Print Name:	Date:
			<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Attach student evidence listed above and send via school mail to:
Local District EL Program Coordinator
Local District _____
Subject Line: Reclassification