



Multilingual and Multicultural Education Department  
**SSPT Reclassification Recommendation Form**  
**For ELs Not Meeting Grade/Progress Report Mark Requirements**  
**Grades 6–8**

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 #

<b>English Language Proficiency Assessments for California (ELPAC)*</b>							
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.

<b>English/LTEL Course Report Card Marks*</b>			
English Course:	Grade:	LTEL Course:	Grade:

\*Individual student Report Card Marks must be attached to this form.

<b>Reading Inventory*</b>			<b>English Language Arts SBAC Score*</b>		
Date:	Score:	Proficiency Level:	Score:	Proficiency Level:	

\*Individual student Reading Inventory or ELA SBAC report must be attached to this form.

<b>6<sup>th</sup> – 8<sup>th</sup> Grade Data/Student Evidence*</b>			
Other Measure/ Student Work*	Score/Results	Standards/Skills Mastered	Comments

\*Student data/evidence must be attached.

For a 6<sup>th</sup> – 8<sup>th</sup> 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:	MED 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 EL's Not Meeting Grade/Progress Report Mark Requirements**  
**Grades 9–12**

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 #

<b>English Language Proficiency Assessments for California (ELPAC)*</b>							
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.

<b>English/LTEL Course Report Card Marks*</b>			
English Course:	Grade:	LTEL Course:	Grade:

\*Individual student Report Card Marks must be attached to this form.

<b>Reading Inventory*</b>			<b>English Language Arts SBAC Score*</b>	
Date:	Score:	Proficiency Level:	Score:	Proficiency Level:

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

<b>10<sup>th</sup> - 12<sup>th</sup> Grade Data/Student Evidence*</b>			
Other Measure/ Student Work*	Score/Results	Standards/Skills Mastered	Comments

\*Student data/evidence must be attached.

For a 9<sup>th</sup> – 12<sup>th</sup> 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**