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

<table>
<thead>
<tr>
<th>Student Name: ___________________________</th>
<th>Student ID: ___________________________</th>
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</thead>
<tbody>
<tr>
<td>School: _____________________________</td>
<td>Location Code: ____________</td>
</tr>
<tr>
<td>Grade: _____ Date of IEP Meeting: ___________ Years in EL Program: _____</td>
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<tr>
<td>IEP Case Manager: ___________________________</td>
<td>Current Master Plan Program: LTEL</td>
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RFEP Date: ________
This section can only be completed after IEP meeting and match MiSiS date

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

**Criterion 1:** Assessment of English Language Proficiency Using an Objective Assessment Instrument

A. Current School Year Data:
Assessment Date: ____________ Assessment Name: ☐ ELPAC ☐ VCCALPS (Alternate curriculum only, check “No” below and continue to Part B.)
Overall ELPAC Performance Level: _____

Student met Overall performance level criteria as assessed by ELPAC. ☐ Yes* ☐ No

*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 proficient students 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

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 English proficient students 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.
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Student Name: ___________________________ Student ID: ___________________________

**Criterion 3: 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): ___________________________

**Criterion 4: Comparison of Performance in Basic Skills** *(Data must be within the current academic school year of the reclassification recommendation.)*

**A. Assessment:** (Check all that apply.)

☐ RI Date: _________ RI Score/Level: _________ ☐ Smarter Balanced Assessment ELA School Year: _________ SBA Score/Level: _________ (SBA must be within the prior academic school year.)

☐ CAA Date: _________ *(Alternate curriculum only, use most recent CAA test data, 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.

**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