

Student Support and Progress Team: Reclassification Meeting Form

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|---|--------------|-------------|--|--------|--|---------------|
| 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) _____ | | | | | | |