



William S. Hart Union High School District 2019-20 RECLASSIFICATION FORM

Student reclassification policy and procedures are based on the four criteria set forth in the reclassification guidelines approved by the State Board of Education (Education Code Section 313).

STUDENT INFORMATION					
STUDENT'S NAME (Last, First):		SCHOOL:		PRIMARY LANGUAGE:	
STUDENT ID:	DOB: _____/_____/_____	GRADE: _____ Counselor	EL PROGRAM START DATE: _____/_____/_____	CURRENT SCHOOL YEAR:	
INITIAL RECOMMENDATION FOR RECLASSIFICATION					
Request initiated by:			Date initiated: _____/_____/_____		

Reclassification Criteria: August 2019 – June 2020

I. ASSESSMENT OF ENGLISH LANGUAGE PROFICIENCY (ELPAC) – SUMMATIVE 2019 – OVERALL SCORE 4			I. PREVIOUS ELPAC RESULTS FOR YEAR _____		
DOMAIN	SCALE SCORE	PERFORMANCE LEVEL	DOMAIN	SCALE SCORE	PERFORMANCE LEVEL
		1-Beginning Stage 2-Somewhat Developed 3-Moderately Developed 4-Well Developed			1-Beginning Stage 2-Somewhat Developed 3-Moderately Developed 4-Well Developed
OVERALL			OVERALL		
ORAL			ORAL		
WRITTEN			WRITTEN		

II. TEACHER EVALUATION 3/2/2 SCORE ON DISTRICT-WIDE PERFORMANCE TASK / OR / CAASPP SCORES: "Met" or "Exceeded" STANDARDS			
DISTRICT ENGLISH PERFORMANCE TASK		ELA CAASPP SCORES	
CURRENT SCORE:	GRADE:	2019 CAASPP ELA SCORE:	SCALE SCORE:
PREVIOUS PERFORMANCE TASK SCORE:	GRADE:	PERFORMANCE LEVEL:	

III. ACADEMIC ACHIEVEMENT RESULTS: ELA GRADE <u>PLUS AT LEAST ONE</u> GRADE OF C OR HIGHER IN SOCIAL STUDIES OR SCIENCE					
ENGLISH LANGUAGE ARTS GRADE C OR HIGHER		SOCIAL STUDIES GRADE C OR HIGHER		SCIENCE GRADE C OR HIGHER	
PERCENTAGE:	GRADE:	PERCENTAGE:	GRADE:	PERCENTAGE:	GRADE:

IV. DOCUMENTATION OF PARENT/GUARDIAN CONSULTATION (Date all that apply.)		
CONFERENCE DATE: _____/_____/_____	PHONE CALL DATE: _____/_____/_____	LETTER (U.S. MAIL) MAILING DATE: _____/_____/_____

RESULTS OF REVIEW	PRINT NAME and SIGN	
<i>The team has reviewed the required documentation and student's linguistic and academic performance.</i> <input type="checkbox"/> Student is reclassified as Fluent English Proficient (RFEP) <input type="checkbox"/> Student's classification is changed in Infinite Campus Date: _____/_____/_____ Initials: _____ <input type="checkbox"/> Student schedule has been updated	PARENT/GUARDIAN:	DATE:
	TEACHER:	DATE:
	SCHOOL ADMINISTRATOR:	DATE:
	OTHER (Optional):	DATE:
	DISTRICT ADMINISTRATOR:	DATE: