



Marysville Joint Unified School District
Reclassification Form SY 20__ - 20__
GRADES 3rd – 12th

Name: _____ Grade: _____ ID# _____
 School: _____ Primary Language: _____ DOB: _____

Prior to classification to Fluent English Proficient, each English Learner must meet district developed, state-approved criteria. This form is to be completed for each student considered for reclassification and then submitted to the District Office, Educational Services Department, for approval.

	Standard	Documentation
# 1 Basic Skills	STAR TEST A score of 324 (Mid Basic) or above in English Language Arts on the most recent California Standards Test (CST)	Date of test _____ ELA Scale Score _____ Prof Lev: B P A
#2 English Language Proficiency	CELDT (California English Language Development Test) Overall level of Advanced or Early Advanced <ul style="list-style-type: none"> • Listening/Speaking is Intermediate or higher • Reading is Intermediate or higher • Writing is Intermediate or higher A Student Study Team (SST) will be held prior to reclassification if any score is Intermediate.	OVRL LSTG SPKG RDG WRTG SS: _____ Prof Lev: _____ Date of current CELDT test _____
#3 Teacher Evaluation	REPORT CARD <ul style="list-style-type: none"> • Grades 3-6: Must have 2 or 3 in all academic areas on Standards Based Report card. • Grades 6-12: At or above grade level and minimum of “C” in academic areas on most recent report card. <i>If there are any deficits, the following must also be met:</i> Teacher agrees that student is performing successfully in these academic areas or that any incurred deficits are due to factors unrelated to English language proficiency.	Current report card meets criteria. _____ Reviewer _____ Date of report card _____ OR, IF ANY DEFICITS: I verify that this student has met this criteria: _____ Teacher/Subject _____ Date _____
#4 Consultation with Parent/Guardian	Brief description of consultation:	Language _____ _____ Parent/guardian signature _____ Date _____
#5 Recommendation	_____ Student has met all of the criteria necessary for reclassification. Reclassification is effective immediately. _____ Student has not met all of the criteria necessary, and is not recommended for reclassification at this time. _____ Principal/Designee Signature _____ Date _____ _____ Please Print name and position _____ _____ District Signature _____ Date _____ _____ Please Print name and position _____	

If no response is received from the parent within 15 days of the date of this letter, the reclassification process will proceed at the discretion of site principal/designee.

Original to be placed in student’s green EL Folder, Copy to Parent, Copy to be forwarded to Educational Services Department.