



RECLASSIFICATION MONITORING

Educational Services Division - EL Department

Student's Name: _____ Grade: _____
 Student ID number: _____ Birth Date: _____
 Teacher: _____ School: _____
 Reclassification date: _____ School Year: _____

		CST	Benchmark Scores			
			Quarter 1	Quarter 2	Quarter 3	Quarter 4
ELA	Year 1					
	Year 2					
Math	Year 1					
	Year 2					

CAHSEE (10th-12th grades only)	Date taken	ELA Score	Math Score	Date taken	ELA Score	Math Score

Areas of Concerns: Standards which are "Below Proficient" for ELA				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Year 1	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.
Year 2	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.	Use back for additional comments.

Interventions				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Year 1	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other
Year 2	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other	<input type="checkbox"/> Hourly programs <input type="checkbox"/> Strategic/Intervention: <input type="checkbox"/> Exit Exam Prep <input type="checkbox"/> SST <input type="checkbox"/> Other

Grades		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Year 1	ELA				
	Math				
Year 2	ELA				
	Math				

Year 1	Progress is <input type="checkbox"/> satisfactory <input type="checkbox"/> unsatisfactory _____ Signature of EL Facilitator/Principal
Year 2	Progress is <input type="checkbox"/> satisfactory <input type="checkbox"/> unsatisfactory _____ Signature of EL Facilitator/Principal