

Hayward Unified School District
Student Information and Assessment Center

Reclassification Form

SCHOOL YEAR ____ / ____

Name: _____

School: _____ Gr ____

Lang: _____ ID # _____

Prior to reclassification to Fluent English Proficient, each English Language 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 Student Information and Assessment Center Database Coordinator.

	Standard	Documentation
#1 Basic Skills	STAR TEST Score of 324 (Mid Basic) or above in English Language Arts on the most recent California Standards test (CST)	Date: Spring ____ (year) 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 	LSTG SPKG RDG WRTG OVRL Prof. Lev: ____ ____ ____ ____ ____ Date of current CELDT test _____
#3 Teacher Evaluation	REPORT CARD <ul style="list-style-type: none"> • Grades 2-6: Approaching standards in all areas on report card (Trimester 1, 2) or a "P" in all areas as a final performance level. • Grades 7-12: At or above grade level and minimum of "C" in academic areas on most recent report card <p><i>If there are any deficits, the following must also be met:</i></p> <p>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.</p>	Current report card meets criteria: Yes No _____ 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	* _____ Parent Signature * If no signature is obtained, provide description of contact: _____ _____	
#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 for reclassification, and is not recommended for reclassification at this time _____ Principal/Designee signature _____ Please print name and position	_____ Date

Original: Green Folder; Copy: Parent, Reclassification Binder, SIAC

This letter has been sent to the parents/guardians in their primary language: Yes No