



Hayward Unified School District

RECLASSIFICATION FOLLOW- UP FORM, Grades, 3-6

DIRECTIONS: The academic progress of reclassified students must be monitored for two years following reclassification. (CPM 6.1) Please review information on this form, complete all sections, sign, and place original in green folder. Keep a copy for your records and send a copy to parent(s).

I. Demographic Information

Student Name: School Grade ID Number Language Reclassification Date

School Year: [ ] Year 1 [ ] Year 2

Star California Standards Test

Year: Scale Score/Prof Level
Year: Scale Score/Prof Level
Year: Scale Score/Prof Level

Spanish CST (If Applicable)

Year: Scale Score/Prof Level
Year: Scale Score/Prof Level
Year: Scale Score/Prof Level

Monitoring Period (FALL)

Monitoring Period (SPRING)

Report Card

Most recent reporting period: ELA SLA Math

Reading: Reporting period: ELA: Writing: SLA: Math:

A review of this report indicates that this student's academic progress...

Check One
[ ] [ ] is satisfactory\*
[ ] [ ] is NOT satisfactory\*\*

Check One
[ ] is satisfactory\*
[ ] is NOT satisfactory\*\*

Area(s) of Need and Planned Interventions:

[ ] [ ] None
[ ] [ ] See attached Catch-Up Intervention Plan

[ ] [ ] None
[ ] [ ] See attached Catch-Up Intervention Plan

Parent Notification:

[ ] I have reviewed my child's academic progress indicated above.
[ ] I would like a conference to discuss this information.

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\* is satisfactory
STAR/CST performance level PROFICIENT or ADVANCE
GR 3-6 REPORT CARD LEVEL 4 or 5

\*\* is NOT satisfactory
STAR/CST performance level BASIC, BELOW BASIC or FAR BELOW BASIC
GR 3-6 REPORT CARD LEVEL 1, 2, OR 3

1st Monitoring Period Signatures

Parent
Classroom Teacher
ELL Specialist/Other
Principal

2nd Monitoring Period Signatures

Parent
Classroom Teacher
ELL Specialist/Other
Principal