Hayward Unified School District

RECLASSIFICATION FOLLOW- UP FORM, Grades 7-12

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	
	Monitoring Period (FALL)	Monitoring Period (SPRING)
Report Card	ELA Science Math SS/History	ELA Science Math SS/History
CAHSEE	ELA Math	ELA 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.	☐ I have reviewed my child's academic progress indicated above. ☐ I would like a conference to discuss this information.

*** is satisfactory**
STAR/CST performance level PROFICIENT or ADVANCED
GR 7-12 REPORT CARD GRADE A,B or C
High School Student passed CAHSEE

** **is NOT satisfactory**
STAR/CST performance level BASIC, BELOW BASIC or FAR BELOW BASIC
GR 7-12 REPORT CARD GRADE D or F
High School Student did not pass CAHSEE

1st Monitoring Period Signatures

_____
Parent

_____
Classroom/ELA Teacher

_____
ELL Specialist/Counselor/Other

_____
Principal

2nd Monitoring Period Signatures

_____
Parent

_____
Classroom/ELA Teacher

_____
ELL Specialist/Counselor/Other

_____
Principal