# **Sample reclassification cover sheet (ELs with disabilities)**

Student Name:

PASID:

DATE:

Grade:

School District:

School:

Overall composite proficiency level:

Listening proficiency level:

Speaking proficiency level:

Reading proficiency level:

Writing proficiency level:

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| **Team members present for recommendation discussion:**  |
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**Required criteria**

The student is only eligible for reclassification if all the answers to the following questions are YES.

1. Does the student have an IEP? **YES / NO**
2. Has the student been continuously enrolled in an ESL/bilingual education program for at least four years? **YES / NO**
3. Has the student’s overall composite proficiency level score on the ACCESS for ELLs® **NOT** increased by more than 10% at any point or total over the three most recent testing cycles? **YES/NO**

List the three most recent ACCESS overalll composite proficiency level scores:

1.

2.

3.

1. Is there documented evidence that the student has been provided with the appropriate level of language support, including ELD instruction, throughout his/her enrollment in the LIEP? **YES/NO**

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| **Evidence that was evaluated by the team in making the recommendation for reclassification:**  |
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1. Has the student received adequate ELD instruction commensurate with his/her ELP level for the most recent four years? **YES / NO**
2. Is this student able to effectively communicate in English? **YES / NO**
3. Is the EL making progress toward meeting PA Core Standards in listening, speaking, reading, and writing on par with ELs who have similar profiles? **YES / NO**
4. Are any ACCESS for ELLs domain scores that affect the student’s ability to reach an overall composite proficiency level of 4.5 directly related to the student’s disability? **YES / NO**

If yes, explain:

If the answer to any of the above questions is “no”, then the notes must contain a description of compelling evidence that the student should be reclassified as a former EL in spite of the fact that there is an indication that he/she may benefit from continued participation in the LIEP.

Based on the student’s ACCESS for ELLs® overall proficiency level score and use of language as observed by his/her teachers, this student **is recommended / is not recommended** for reclassification as a former EL.

Notes:

ESL Teacher/Coordinator Signature:

ESL Teacher/Coordinator Printed Name: