

**WORKSHEET FOR IEP TEAM RECOMMENDATION FOR RECLASSIFICATION OF
SPECIAL EDUCATION ENGLISH LEARNERS TO FLUENT ENGLISH PROFICIENT**

Ventura County SELPA IEP

For use for consideration of reclassification of English Learners with IEPs who do not meet regular district reclassification criteria.

Name: _____ D.O.B: _____ Date of Meeting: _____

Description of how either primary or secondary disability affects language (*if applicable*): _____

Grade First Entered School: _____ U.S. Entry Date: _____ Years in EL Program: _____

Current English Learner Services: _____

THE TEAM CONSIDERED THE FOUR CRITERIA OF RECLASSIFICATION (EC 313(D)) IN ORDER TO ASSIST THE RECLASSIFICATION TEAM.

1. English Language Proficiency Assessment

Assessment Name: CELDT or Alternate Assessment(s): _____

Current School Year Data **Date:** _____

Overall Score/Level: _____; Listening Score/Level: _____; Speaking Score/Level: _____; Reading Score/Level: _____ Writing Score/Level: _____

Previous School Year Data **Date:** _____

Overall Score/Level: _____; Listening Score/Level: _____; Speaking Score/Level: _____; Reading Score/Level: _____ Writing Score/Level: _____

Yes No **Student met language proficiency level criteria as assessed by CELDT or Alternate. If yes, proceed to question 2**

(Note: For reclassification, Overall proficiency level must be early advanced or higher AND Listening intermediate or higher, Speaking intermediate or higher, Reading intermediate or higher, and Writing intermediate or higher.)

(If student not did not meet proficiency level)

Yes No N/A (If student's overall proficiency level was in the upper end of the Intermediate level) The IEP team reviewed other informal measures of proficiency and determined it is likely the student is proficient in English.

Yes No The IEP team has determined that the student's disability impacts his or her ability to manifest English proficiency.

If yes, explanation: _____

(If so) areas affected: Listening Speaking Reading Writing

(Possible indicators: Student has similar academic deficits and error patterns in English as well as primary language, or error patterns in speaking, reading, and writing are typical of students with that disability versus students with second language issues)

Yes No **Considering the disability, the IEP team has determined the student has reached an appropriate level of English Language Proficiency.**

2. Teacher's Evaluation of Student Academic Performance

Evaluation was based on: Classroom performance District-wide assessments Progress toward IEP Goals Other: _____

Yes No **Student met academic performance indicators set by district. *If yes, proceed to question 3***

(If student did not meet academic performance indicators set by the district).

Yes No The IEP team has determined that the deficit is due to the disability, and unrelated to English Language proficiency.

If yes, explanation: _____

Yes No **Considering the disability, the IEP team has determined the student has reached an appropriate level of academic performance.**

3. Comparison of Performance in Basic Skills

Assessment(s) taken: CST CMA CAPA CAHSEE Date: _____

Reading/Language Arts Score _____

Yes No **Student met performance criteria. *If yes, proceed to question 4***

(Note: Score in Reading/Language Arts (RLA) must be at least beginning of basic level to midpoint of basic – each district may select exact cut point.)

(If performance in basic skills criteria was not met)

Yes No Student's Basic Skills assessment scores appear to be commensurate with his/her intellectual ability.

Yes No Error patterns noted mirror the patterns of errors made by students with the same disability versus a language difference

Yes No Student has received ELD services for more than three years and academic progress in ELA is commensurate with that of peers who manifest similar disabilities who are not English learners

Yes No **Considering the disability, the IEP team has determined that the student has reached an appropriate level of performance in RLA Basic Skills.**

4. Parent Opinion and Consultation

Yes No The parent/guardian participated in this discussion. Parent comments: _____

If no, an opportunity for parent consultation must be given before a final decision will be made by reclassification personnel.

Yes No **The IEP team determines that the primary reason the student does not meet reclassification criteria is due to the disability rather than limited English proficiency and the student no longer needs English Learner services.**

Name of EL Representative in attendance for this discussion: _____

This worksheet will be forwarded to the appropriate site or district English Language Reclassification representative. The final decision will be made through that process. Parent and Special Education Case Manager will be informed of the decision.