



Lemon Grove School District Multilingual Learner Reclassification Profile

STUDENT: GRADE: ID# SCHOOL: DATE:

Reclassification Criteria*	Acceptable Standard
A. English proficiency demonstrated on the English Language Proficiency Assessments for California (ELPAC) in Listening, Speaking, Reading, and Writing	Overall Performance Level (OPL) of Well Developed Level 4
B. CAASPP – California Assessment of Student Performance and Progress in English Language Arts (ELA), If not available, comparable district-wide assessments may be substituted (iReady in Fall 2021)	CAASPP Performance level of Standard Exceeded or Standard Met, with consideration to Standard Nearly Met or iReady ELA at grade level or above (Fall iReady results)
C. Teacher evaluation that includes but is not limited to the pupil's academic performance	By signing this profile, the teacher verifies that this student will be able to do grade level work in core academic subjects in a regular program designed for native and fluent English speakers. Requires 3 teachers' signatures for approval in middle school. At elementary, teacher evaluation must include student performance at grade level on the ORR for the most current trimester.
D. Parent/Guardian consultation	After approval of classroom teacher(s) and the Principal, the parent/guardian is given an opportunity to consult with the teacher regarding the reclassification process. For elementary, recommend consultation during Parent-Teacher conferences.
<i>*For Reclassification, students must meet the acceptable standard for ALL criteria (A-D)</i>	

Reclassification Candidate Information

A. ELPAC Results

Test Date: Spring 2021

	ORAL (Listening & Speaking)	WRITTEN (Reading & Writing)	Overall
Performance Level			
Scale Score			

B. ELA – iReady ELA Assessment 2021-2022

Performance Level	
ELA:	

C. Teacher Judgment

Elementary: ORR	Middle School: Interim Assessment
ORR Level:	Indicate assessment/level:

Recommending Teacher's Signature (Requires 3 teachers' signatures for approval in middle schools)

Principal's Signature

D. Parent / Guardian Consultation

Date: _____ Parent/Guardian Signature _____

Method: U.S. Mail E-Mail Phone Call Conference

Multilingual Learner Office Use Only

Approved: _____ Denied: _____ Date: _____
Reason: _____

Copy 1 – Language Folder/Cum Copy 2 – EL Office Copy 3 - Parent