

Notification of reclassification ELs with disabilities

Student Name: _____ PASID: _____

Date: _____ Grade: _____

School District: _____ School: _____

Dear parent/guardian,

Based on teacher observations, the annual English assessment (ACCESS for ELLs), a review of your child's academic and language support program, and the recommendation of a school-based team of which you were a member, your child will be reclassified as a former English learner and removed from the district's language instruction educational program. Your child will be monitored for the next two school years to ensure that he/she does not encounter any challenges resulting from English language acquisition. If it is determined that there are lingering English language acquisition needs, then he/she may be placed back into the language program. The scores from the English assessment and the criteria your child had to meet are listed below along with the reclassification recommendation. If you have any question, you may contact:

Name

Title

Phone

E-mail

Reclassification Cover Sheet (only for ELs with an IEP who take the ACCESS for ELLs)

Overall composite proficiency level: _____

Listening proficiency level: _____

Speaking proficiency level: _____

Reading proficiency level: _____

Writing proficiency level: _____

Team members present for recommendation discussion:

Required Criteria

The student is only eligible for reclassification if all the answers to the following four 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**

4. List the three most recent ACCESS overall composite proficiency level scores:

1. _____

2. _____

3. _____

5. 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**

Evidence that was evaluated by the team in making the recommendation for reclassification:

If the answer to any of the following 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.

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:

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: _____

重新分类通知

残疾的英语学习者

学生姓名: _____ PASID: _____

日期: _____ 年级: _____

学区: _____ 学校: _____

尊敬的家长/监护人:

根据教师观察的情况,年度英语评估(ACCESS for ELLs)——即对您孩子的学术和语言支持计划的审查,以及学校团队(您是其中成员)的建议,您的孩子将作为曾经的英语学习者重新分类,从本学区的语言教学教育计划中退出。您的孩子将在未来两个学年内接受监督,以确保他/她不会遇到英语习得中的任何挑战。

如果决定有拖延未解决的英语语言习得需求,他/她可能会被重新安排语言课程。英语评估的分数、孩子必须达到的标准以及重新分类的建议参见下文。如果您有任何问题,可以联系:

姓名

职务

电话

电子邮箱

重新分类封面页 (仅针对接受Alternate ACCESS for ELLs的拥有IEP的EL)

综合熟练程度: _____

听力熟练程度: _____

口语熟练程度: _____

阅读熟练程度: _____

写作熟练程度: _____

参与建议讨论的团队成员:

要求的标准

如果以下四个问题的答案全部为“是”，学生才有资格重新分类。

1. 该生是否有IEP?

_____是 / _____否

2. 该生是否已经在ESL/双语教育课程中连续学习了至少四年?

_____是 / _____否

3. 在最近的三个测试周期中，学生在ACCESS for ELLs的综合熟练程度得分是否在任一点或总分上增长不超过10%?

_____是 / _____否

4. 列出最近的三个ACCESS综合熟练程度分数:

1. _____

2. _____

3. _____

5. 是否有文件证明：该生在参加LIEP的整个过程中，得到了适当水平的语言支持，包括ELD指导?

_____是 / _____否

团队在提出重新分类的建议时评估的证据:

如果以下任何一个问题的答案是“否”，那么注释中必须包含一个令人信服的证据，说明尽管有迹象表明该学生可能从继续参与LIEP中受益，但仍应将其重新分类为曾经的英语学习者。

1. 最近四年，该生是否接受了与他/她的ELP水平相称的充分的ELD指导？

_____是 / _____否

2. 该生是否能够有效地用英语进行交流？

_____是 / _____否

3. 基于PA核心标准，在听、说、读、写方面，这名EL是否与情况类似的其他英语学习者一样取得了进展？

_____是 / _____否

4. 在任何影响学生达到综合熟练程度4.5的ACCESS for ELLs领域得分中，是否有任何得分与学生的残疾直接相关？

_____是 / _____否

如果“是”，请解释：

根据学生ACCESS for ELLs® 的综合熟练程度分数以及老师对他/她语言使用情况的观察，_____建议 / _____不建议重新归类该生为曾经的英语学习者。

注释：

ESL教师/协调员签字：

ESL教师/协调员正楷书写姓名：