

Notification of Reclassification

ELs with Disabilities Taking the Alternative ACCES for ELLs©

Student Name: _____

PASID: _____

Date: _____

Grade: _____

School District: _____

School: _____

Dear parent/guardian,

Based on the annual English assessment (Alternate ACCESS for ELLs) and the recommendation of your child's IEP team, 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 Alternate ACCESS for ELLs)

Alternate ACCESS for ELLs Overall Composite Proficiency Level Scores:

Current year: _____

Previous year: _____

Two years ago: _____

IEP team members present for recommendation discussion:

Required criteria

ELs who are eligible for and take the Alternate ACCESS for ELLs may be considered for reclassification when:

1. they achieve a score of at least P2 on two consecutive administrations of the test **OR** achieve the same score for three consecutive administrations of the test*, **AND**
2. the IEP team, with input from an ESL/bilingual education professional, recommends reclassification.

Based on the student's Alternate 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: _____