

# 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:

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**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:

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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:

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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:

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ESL Teacher/Coordinator Signature: \_\_\_\_\_

ESL Teacher/Coordinator Printed Name: \_\_\_\_\_