



Somerville Public Schools

Education • Inspiration • Excellence
 English Learner Programs and Services

EL English - #15A
 4/2019

STUDENT RECLASSIFICATION EVIDENCE FORM FOR THE DUALY IDENTIFIED STUDENT

Student: _____ SASID# _____ DOB ____ / ____ / ____

School: _____ Grade: _____ ELL Entry Date: _____

Nature of Student's Disability: _____ Meeting Date: _____

Reclassification Date/ FEL Date: _____ Student has met the benchmarks (If not, see below)

Previous English Language Proficiency Levels for the past 3 years _____

Signatures of meeting participants:

Name	Title
1.	SPED Facilitator/Administrator
2.	Classroom / SEIP Teacher/Special Educator
3.	ESL Teacher/ LAT Team Member

Checklist of Process:

Teacher	Review Step	√	Explanations/Evidence
Special Educator	Student's oral and comprehension progress is directly affected by the nature of the student's disability		
	Student's reading progress as demonstrated by reading scores from state mandated tests (WIDA, CAN DO DESCRIPTORS, MCAS) and school based reading assessments is directly affected by the nature of the student's disability.		
	Student's writing progress as demonstrated by state mandated tests is directly affected by the nature of the student's disability.		
ESL /SEIP Teacher	Student demonstrates proficiency in English language speaking and comprehension.		
	Student demonstrates proficiency in English language reading.		
	Student demonstrates proficiency in English language writing.		

The team has determined that due to the nature of the student's disability, the student no longer benefits from ESL Instructional Support Services.

Signature of ESL Director: _____

Date: _____

Signature of Principal: _____

Date: _____

Signature of SpEd Director: _____

Date: _____