

**LANGUAGE RECLASSIFICATION FIRST (6 MONTH) FOLLOW UP
SECONDARY**

Student _____ ID _____ Date of reclassification _____

School _____ English Teacher _____ Per _____ Grade _____

Six months following an English learner’s reclassification to R-FEP, the student’s progress will be reviewed as outlined below. The original of this form should be sent to English Learner Services and a copy placed in the student’s Cum folder.

I OBSERVATION YES NO

A Observation of Oral English

Use the Student Oral Language Observation Matrix (S.O.L.O.M) as a guide.

1. Does the student demonstrate adequate oral language skills? _____

B Academic Skills and General School Success

1. Has the student maintained a C or above average in English, Math Social Studies, and Science? _____

Is this lack of success due to a language barrier? _____

If no, explain: _____

	1 st Semester	Teacher
English		
Math		
Social Studies		
Science		

2. Has the placement adjustment been relatively smooth for the student? _____

3. Has the student generally been able to complete assignments on time? _____

II RECOMMENDATION

A Student language classification and program placement are appropriate to meet student’s present needs. _____

If NO, what intervention measures have you implemented?

B A new program placement might be more appropriate to meet the student’s present needs. _____

Specify for “YES” response: _____

If B is checked “YES”, contact principal and RAP Center for further review.

C Comments: _____

III Administrator or Designee’s Signature: _____ Date ____/____/____

Distribution: Original – EL Services Copy – CUM folder

West Contra Costa Unified School District

**LANGUAGE RECLASSIFICATION SECOND (ONE YEAR) FOLLOW UP
SECONDARY**

West Contra Costa Unified School District

LANGUAGE RECLASSIFICATION TH

