PARADISE UNIFIED SCHOOL DISTRICT LANGUAGE REDESIGNATION FORM

2017-18

Student:	Stude	Student I.D. Number: Grade Level: Date of Birth:									
School:	Grade										
REQUEST FOR	RECLASSIFICATI	ION Date Ir	nitialized:								
	Request Initiat	ted by:	Administrato	r or	Designee		Parent				
	Classroom Teacher Othe										
DATA											
		District Wide Assessment Results: (N/A at this time)									
DATE	DATE SCORE LEVEL			RUBRIC LEVEL			MASTERY		NON-MASTERY		
		Student Oral L	anguago Obsor	avati	ion Matrix	(SOLO)	NA)		I		
Teacher 1:	nguage Observation Matrix (SOLOM) COMP. FLUENCY VOCAE										
Teacher 1:				. Izozner voc		reas. Thorn		<u> </u>	Cita annual ar		
. caoc. 2	(for 6 th -12	^{2th} only)									
(d -th)	` !										
ORF (2 nd -5 th)	On/above	i-Ready Less than 1 level	Great than 1 le	امر	6.6		STAR Rea		<u> </u>	IDI	
	grade level below		below	vei	S.S.		P.R.		3.E.	IRL	
Student writing	g sample attach	ed:Yes _	No								
		N RECOMMENDA									
		led for reclassifications in the second second second for reclassifications.		FD. i	maintain or	n Indivi	م ا ادیباہ	arning D	rograi	m	
		(specify):					luuai Le	arriirig r	logiai	11	
		(5)555,									
Signatures & D	ate of Persons N	Making Recomme	endations:								
Parent Name (Please Print)			Parent Signature					Date			
Classroom Teacher (Please Print)			Classroom Teacher Signature							Date	
Administrator/Designee (Please Print)			Administrator/Designee Signature				2		Date		
EL Program Coordinator (Please Print)			EL Program Coordinator Signature				<u></u>	Date			
PARENT CONSULTATION:			Letter				Da	ate:			
			Phone Contact Documentation					Date:			
	Parent/Teacher Conference					Date:					
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^{*}Documentation: After completion of the form, please send a copy to the Curriculum & Instruction Office along with supporting documentation.