

ATTACHMENT A

CHECKLIST

STUDENT NAME:	STUDENT ID:
☐ Review LAUSD Bulletin 6890.2	
☐ Conduct review of student progress and a should be student-specific and current.	complete Attachment B, Records Review. Data
☐ Schedule and convene IEP team meeting if over 18 and not conserved) participate	and ensure EL representative and parent (or student e.
Learners with IEPs in Grades 6-12" at t	rksheet to Determine Reclassification of English he IEP team meeting. Attachment C may be must be reviewed in its completion at the meeting
☐ Part A ☐ Part B ☐ Complete Criterion 3 - Parent/Gua	Evaluation of Student Academic Performance ardian Opinion and Consultation rticipate in the IEP meeting. If parent/guardian be sent home for signature. n of Performance in Basic Skills n - Obtain Signatures te in the IEP meeting. ent Name and Signature and Signature and Signature
☐ Required IEP Components ☐ IEP must be in Active or Pending	status (not In Process or Recessed)



Division of Special Education

LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT A

August 20, 2019

CHECKLIST

STUDENT NAME:	STUDENT ID:
	ce (PLP) addresses all four language domains
(listening, speaking, reading, and	writing.)
☐ ELD Goal page should include a s	statement regarding reclassification rather than a
goal.	DVV (000 A G A V V A V D D D
	BUL-6890.2: Guidelines for IEP Teams on the Secondary Long-Term English Learners with Disabilities
☐ Page 10 Parent Participation must	be indicated
	ation via phone is acceptable but should be marked as I in the IEP meeting" in the upper left box on Page 10 of
☐ FAPE 2, Section 4 (Additional Di	scussion) must include a statement regarding
reclassification and the IEP team'	
-	rding reclassification and the IEP determined that rvices and can reclassify. See Attachment C in IEP
_	eflect EL Representative's participation in IEP
meeting.	1 1
☐ Upload scanned copy of signed A section of the IEP Management so	ttachment C in the Attached Documents creen in Welligent.
Determine Reclassification of English Learn	signature on Attachment C, IEP Team Worksheet to the ners with IEPs in Grades 6-12, submit copy of the ecords Review to the Local District EL Programs
☐ File original copies of Attachment B and Attachment record.	tachment C in student's blue Master Plan folder in
*	ocessed by the Office of Data and Accountability, let generated by the Multilingual Multicultural ed to school sites.
☐ Upon receipt of reclassification letters and la	abels, follow the procedures below:
☐ Have the principal sign the <i>Notified</i>	-
r r r	
RUL 6890.2	

Page 2 of 3



ATTACHMENT A

CHECKLIST

STUDENT NAME:	STUDENT ID:
☐ Copy the letter and send it to the parent/gu change in the child's language classificati (RFEP)	uardian for signature to acknowledge the ion to Reclassified Fluent English Proficient
☐ File the letter permanently in the blue Mas cumulative record	ster Plan folder located in the student's
☐ File an additional copy of the <i>Notification</i> separate file at the school site	of Reclassification letter permanently in a
☐ Upload the <i>Notification of Reclassification</i> the IEP.	n letter into Welligent in the notes section of
☐ Affix the reclassification label to the appropriate in the property of the	opriate section of the cumulative record
☐ Enter the parent notification date (the date parent/guardian) into the <i>Mass Notification</i>	



ATTACHMENT B RECORDS REVIEW				
Student Name	Student ID			
Completed by (list names of school members comp	pleting form, including EL and SPED representatives):			
PRIMARY ELIGIBILITY	IMPACT OF ELIGIBILITY ON LANGUA			

PRIMARY ELIGIBILITY:	IMPACT OF ELIGIBILITY ON LANGUAGE ACQUISITION:	
MOST RECENT ELD GOAL:	NOTES/COMMENTS:	
ELD CURRICULUM USED:	HOW OFTEN USED/IN WHICH SETTING(S):	
INSTRUCTIONAL ACCOMMODATIONS USED:	NOTES/COMMENTS:	
INSTRUCTIONAL MODIFICATIONS USED:	NOTES/COMMENTS:	
INSTRUCTIONAL STRATEGIES USED:	NOTES/COMMENTS:	
ASSESSMENT MEASURES USED (FORMAL/INFORMAL):	ASSESSMENT RESULTS:	

Note: Submit completed document with Attachment C to Local District EL Programs Coordinator and file in blue Master Plan Folder



ATTACHMENT C, 6890.2

IEP TEAM WORKSHEET TO DETERMINE RECLASSIFICATION OF ENGLISH LEARNERS WITH IEPS IN GRADES 6-12

Student Name: Student ID:			
	e: R gram: T lan Program: LTEL	RFEP Date: This section can only be completed after IEP meeting and match MiSiS date	
Consideration of the four criteria for reclassi	fication (EC 313(F)):		
Criterion 1: Assessment of English Language Proficiency Using an O	<u> Objective Assessment In</u>	<u>nstrument</u>	
A. Current School Year Data:			
Assessment Date: Assessment Name: □ ELPAC □ VCCALPS (Alternate curriculum only, check "No" below and continue to Part B.)			
Overall ELPAC Performance Level:			
Student met Overall performance level criteria as assessed by ELPAC. Yes* No			
If yes, proceed to Criterion 2. If no, continue to Part B:			
B. Determination:			
☐ The IEP team has determined the student has demonstrated an appropriate level of <u>English Language Proficiency</u> commensurate with his/her abilities when compared to English proficient students with similar disabilities; therefore, proficiency was determined using other indicators as follows (check one or more):			
☐ Analysis of growth in English Language Development areas (listening,	speaking, reading, and/or wr	riting) from one year to	
the next per student's IEP. (Present Level of Performance and Goal/O	bjectives Achievement)		
☐ Comparison of student's formative assessment data with that of native English-speaking peers with similar disabilities in the same grade level.			
same grade level.			
Criterion 2: Teacher Evaluation of Student Academic Performance A. Grades:			
Most Recent Reporting Period: English/ELA Course grade	:LTEL Course grade*	*:	
Alt. Curr. ELD A/B Course grade**: *Note: Students must earn a C or better in grade-level English or LTEL course. **Note: Alternate Curriculum passing grade will not meet Criterion 2; check "N	lo" below and continue to Pa	art B.	
Student met academic performance indicators set by District. \square Yes If yes, proceed to Criterion 3. If no, continue to Part B.	□ No		
B. Determination: ☐ The IEP team has determined the student has demonstrated an appropriate le his/her abilities when compared to English proficient students with similar disabiliti determined using other indicators as follows (check one or more):			
 □ Progress towards meeting ELA/ELD goals as determined in the student □ Progress on curriculum-based measures or formative assessments. □ Student artifacts/work samples. 	's IEP.		



ATTACHMENT C, 6890.2

IEP TEAM WORKSHEET TO DETERMINE RECLASSIFICATION OF ENGLISH LEARNERS WITH IEPS IN GRADES 6-12

Student Name: Student ID:
Criterion 3: Parent/Guardian Opinion and Consultation (Check one box only.)
☐ The parent/guardian participated in this discussion.
☐ Student is 18+ years old, has educational rights and participated in this discussion.
Parent/Student comments (if applicable):
Criterion 4: Comparison of Performance in Basic Skills (Data must be within the current academic school year of the
reclassification recommendation.)
A. Assessment: (Check all that apply.)
□ RI Date: RI Score/Level: □ Smarter Balanced Assessment ELA School Year:SBA
Score/Level: (SBA must be within the prior academic school year.)
☐ CAA Date: (Alternate curriculum only, use most recent CAA test data, check "No" below and continue to Part B.)
Student met academic performance indicators set by District. Yes No
If yes, proceed to Criterion 4. If no, continue to Part B.
B. Determination:
☐ The IEP team has determined the student has received ELD services for more than six years and has demonstrated an appropriate
level of performance in ELA basic skills commensurate with his/her abilities when compared to native English-speaking peers
with similar disabilities in the same grade level.
IEP Team Determination (This section can only be completed at the IEP meeting.)
☐ The members of the IEP team have determined that the student is proficient in English based upon review of
reclassification criteria and other data sources. The student demonstrates skills commensurate with his/her
abilities when compared to native English-speaking peers with similar disabilities in the same grade level.
Parent/Guardian/18+ Student Name: Parent/Guardian/18+ Student Signature:
Date:
IEP Case Manager Name: IEP Case Manager Signature:
Email:@lausd.net
EL Representative Name*: EL Rep. Signature:
Email:@lausd.net
Administrator Name: Administrator Signature:
*Must have provided input for this discussion at the IEP meeting.

Upload signed Attachment C into Welligent IEP Management Screen. Submit completed Attachment B and Attachment C to Local District EL Programs Coordinator.

Definition of terms:

ELPAC: English Language Proficiency Assessments for California
VCCALPS: Ventura County Comprehensive Alternate Language Proficiency Survey
SBA: Smarter Balanced Assessment CAA: California Alternate Assessments RI: Reading Inventory