

**Reclassification Cover Sheet**

Student Name:

PASID:

DATE:

Grade:

School District:

School:

**ADMIN USE ONLY**

ACCESS for ELLs® Proficiency Level:

ACCESS for ELLs® Reclassification Points:

ACCESS for ELLs® Proficiency Level (overall composite)	Reclassification Points
4.5-4.7	3.6
4.8-5.0	4.5
5.1-5.3	5.8
>5.3	8.4

**ESL/ELD TEACHER:**

Points from language use inventory #1:

Points from language use inventory #2:

**ADMIN USE ONLY**

TOTAL Points for Reclassification:

Does the total number of points exceed the threshold of 10.5?

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.

If the student’s score exceeds the threshold of 10.5, but the recommendation is not to reclassify the student, then provide an explanation below:

Notes:

ESL/ELD Supervisor Signature:

ESL/ELD Supervisor Printed Name: