

## REDESIGNATION WORKSHEET

(To be filled out by ELD Coordinator and submitted to Review Committee)

**To be eligible for consideration to be redesignated students must have:**

- Overall CELDT Score of EA and no Subscore lower than Intermediate.
- 80% or higher on Edge Placement Test
- “Proficient” or higher on District Writing Prompt
- No Grade lower than “C” in core academic classes
- Parent Input, opinion, and consultation

Student Name: \_\_\_\_\_

Today’s Date: \_\_\_\_\_

Level: \_\_\_\_\_

Number of years in ELD Program (incl. elementary level, if known): \_\_\_\_\_

### I. Academic Performance

A) GPA: \_\_\_\_\_

B) Credits completed: \_\_\_\_\_

C) Grades in mainstream core academic classes:

English: \_\_\_\_\_  
 (class/grade)

Math: \_\_\_\_\_  
 (class/grade)

Soc. Sci: \_\_\_\_\_  
 (class/grade)

Science: \_\_\_\_\_  
 (class/grade)

D) Current ELD level: \_\_\_\_\_ Last grade earned in ELD Lit: \_\_\_\_\_ ELD Oral: \_\_\_\_\_

E) CELDT: Date Taken: \_\_\_\_\_ Overall Scale Score: \_\_\_\_\_

Performance Level: Overall \_\_\_\_\_ Listening \_\_\_\_\_ Speaking \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_

F) CAHSEE: (please ✓) English: Passed \_\_\_\_\_ Not Passed \_\_\_\_\_ Math: Passed \_\_\_\_\_ Not Passed \_\_\_\_\_

### II. Performance on Edge Placement Test: (A score of 80% or higher is required)

Test date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Score: \_\_\_\_\_

### III. District Writing Prompt (“Proficient” or higher is required)

Test date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Score: \_\_\_\_\_

\* Please note for the purpose of populating the English Language Proficiency field on the home language page in Aeries you only need the Language Arts Score information for a total of 3 years, the current year and two prior years.

### IV. Feedback from mainstream teachers

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**IV. Parent Input** (Evidence that parents were noticed about their rights to participate in the reclassification process).

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**V. Comments and justification of recommendation**

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**VI. The EL Department recommends that the above named student be redesignated to R-fluent status**

\_\_\_\_\_  
EL Coordinator's Signature / Date

**VII. Committee review and final determination**

- Student qualifies for Redesignation
- Student not eligible for Redesignation

\_\_\_\_\_  
Signature / Date

Date letter sent home to inform parent of final decision: \_\_\_\_ / \_\_\_\_ / \_\_\_\_