**P-LTEL Student Goal Sheet**

**Elementary**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language Status: Limited English Proficient (LEP)/English Learner (EL) Number of Years:\_\_\_\_\_\_\_\_

Program Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LTEL Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reclassification Criteria:

* Overall score of 4 or 5 on the CELDT (nothing less than a 3 on a domain)
* Benchmark score on all skills assessed for the grade level in DIBELS MOY or EOY **OR** Standard Met OR Exceeded on the ELA-SBAC (3-8 and 11 grade)
* Composite English Language Arts grade of 3 or greater for Elementary

|  |  |  |  |
| --- | --- | --- | --- |
| **Reclassification Criteria** | **My current score or grade** | **What I still need** | **I’ve met this goal****🗸** |
| CELDT  | **Overall****(Goal: 4+)** | **Lstg****(Goal: 3+)** | **Spkg****(Goal: 3+)** | **Rdg****(Goal: 3+)** | **Wrtg****(Goal: 3+)** |  |  |
|  |  |  |  |  |
| DIBELS MOY or EOY OR ELA-SBAC | **DORF****Correct BM+** | **DORF****Accuracy****BM+** | **Retell Fluency****BM+** | **Quality Response****BM+** | **DAZE****BM+** |  |  |
|  |  |  |  |  |
| ELA  | **Composite English Language Arts** |  |  |

I commit to the following actions to ensure that I reclassify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following people can support me to be successful with my commitments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LTEL Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\* This Student Goal Sheet is not to be used with P-LTELs who have an IEP\**

Copy to:

* Parent
* Student
* Teacher
* LTEL Designee

Meeting Attempts:

Date 1:\_\_\_\_\_\_\_\_\_\_

Date 2:\_\_\_\_\_\_\_\_\_\_

Date 3:\_\_\_\_\_\_\_\_\_\_