**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
* Progress report card marks of 3 or 4 in ELA (L, S, R, W)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reclassification Criteria** | **My current score or grade** | | | | | | | | **What I still need** | **I’ve met this goal**  **🗸** |
| CELDT | **Overall**  **4+** | **Lstg**  **3+** | | **Spkg**  **3+** | | **Rdg**  **3+** | | **Wrtg**  **3+** |  |  |
|  |  | |  | |  | |  |
| DIBELS MOY or EOY | **DORF-**  **Correct BM+** | | **DORF-Acc**  **BM+** | **Retell Fluency**  **BM+** | | **Quality Response**  **BM+** | | **DAZE**  **BM+** |  |  |
|  | |  |  | |  | |  |
| ELA | **Lstg**  **3+** | **Spkg**  **3+** | | | **Rdg**  **3+** | | **Wrtg**  **3+** | |  |  |
|  |  | | |  | |  | |

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:\_\_\_\_\_\_\_\_\_\_