*Los Angeles Unified School District*

**LTEL Student Goal Sheet**

**Elementary**

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

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

Program Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ELA/LTEL 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 DORF and DAZE of DIBELS (3rd-5th) or Basic or above on the SRI (6th)
* 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 | | Lstg | Spkg | | Rdg | | Wrtg |  |  |
|  | |  |  | |  | |  |
| DORF and DAZE of DIBELS (3rd-5th)  SRI (6th) |  | | | | | | | |  |  |
| ELA | Lstg | Spkg | | | Rdg | | Wrtg | |  |  |
|  |  | | |  | |  | |

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 LTELs who have an IEP\**

Copy to:

* Parent
* Student
* Teacher
* LTEL Designee
* Master Plan Folder

Meeting Attempts:

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

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

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