

Los Angeles Unified School District



Individual Reclassification Plan

Potential Long Term English Learner (PLTEL) Secondary

| Student's Name: | | | | Date: | | | |
|---|---------------------------|--------------------|---------------------|-----------------------|------------------------|-------|--|
| Language Status: Limited English Proficient (LEP)/English Lea | | | | English Le | English Learner Years: | | |
| rogram Placement: ELA Teacher: | | | | ELD/LTEL | ELD/LTEL Teacher: | | |
| LTEL Designee: | | _ | | | | | |
| PLTEL Definition: Students in grades 3-12 with 4 to 5 the prior year administration of the grades 4 to 9 has scored Standard | Annual Eng | glish Langu | age Proficie | ency Assessment (ELPA | C Summative) and | | |
| Reclassification Criteria: Overall ELPAC Level 3 Max or a Basic or higher on the Reading Invo Assessment Grade of "C" or better in grade-lev | entory (gra | des 6-12) <u>c</u> | <u>r</u> Standards | Met or Exceeded on t | | anced | |
| Reclassification Criteria | My current score or grade | | What I still need | at I still need | | | |
| ELPAC | Overall | Oral Language | Written Language | | | | |
| RI (grades 6-12) <u>or</u> SBA | | | | | | | |
| ELA/LTEL Course Grade | | | | | | | |
| I commit to the following actions to ensure th | nat I reclassi | ify: | | | | | |
| | | | | | | | |
| The following people can support me to be s | successful w | vith my com | nmitments: | | | | |
| Student Signature: | | | _ | Date | : | | |
| Parent Signature: | | | - | Date | : | | |
| ELD/ELA Teacher Signature: | | | _ | Date | : | | |
| Principal/LTEL Designee Signature: | | | _ | Date | : | | |
| Copy to: Parent Student | | | | | Meeting Attem | | |
| Teacher(s) - ELD/ELA | | | | | Date 2: | | |

* This PLTEL Individual Reclassification Plan is not to be used with PLTELs who have an IEP*

Date 3: _____

Master Plan Folder