



LOS ANGELES UNIFIED SCHOOL DISTRICT

POLICY BULLETIN

TITLE:	A Multi-Tiered System of Support Framework for the Student Support and Progress Team	ROUTING Local District Superintendents Administrators of Instruction Administrators of Operations Directors School Support Services All District and Charter Operated Schools Division of Instruction Division of Special Education Division of District Operations Division of Health and Human Services Division of Educational Services
NUMBER:	BUL-6730.1	
ISSUER:	Frances M. Gipson, Ph.D., Chief Academic Officer Division of Instruction	
DATE:	July 13, 2017	
POLICY:	This policy outlines district-wide procedures for the Student Support and Progress Team (SSPT), utilizing a Multi-Tiered System of Support (MTSS) framework. It consolidates the Coordination of Services Team (COST), Student Success and/or Student Study Team (SST) and the Language Appraisal Team (LAT). The SSPT uses a collaborative model to identify interventions for improved student performance. This policy also recognizes the alignment of MTSS with Culturally and Linguistically Responsive Pedagogical (CLRP) instruction and behavioral practices. These procedures combine the existing functions of the afore-mentioned teams into a single process through the SSPT. All schools shall establish an SSPT within the first six weeks of the school year.	
PURPOSE	All schools, including Early Education Centers, are required to use MTSS for the early identification and provision of supports to students who are struggling academically, linguistically and/or behaviorally in the general education setting and to address disproportionate misidentification of African American students for special education and for disciplinary referrals. The purpose of the SSPT is to ensure students’ cultural, cognitive, and social emotional needs are addressed and provide a method to evaluate the effectiveness of school-wide Tier I systems and practices, including instruction and Positive Behavior Intervention Supports (PBIS). This approach involves a problem-solving process, data-driven decision making, implementation of targeted interventions that include CLR instructional practices, and ongoing progress monitoring. The SSPT process emphasizes that early intervention for underachieving and struggling students is a function of the general education program.	
MAJOR	This policy is a revision of Bulletin 6730.0, A Multi-Tiered System of Support	

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- CHANGES:** Framework for the Student Support and Progress Team, *July 25, 2016*. All information in the previous policy remains the same. This policy revision reflects the following additions:
- Extends the SSPT process to Early Education/preschool programs.
 - Outlines procedures for maintaining SSPT records for students under expulsion.
 - Provides new procedures on monitoring the performance of Standard English Learners (SEL) students for accelerating literacy and language development using the new SEL Dashboard.
 - Provides clarification on CLRP and how it is used within the MTSS framework.
 - Explains the SSPT certification process for PK-12 Principals.

- GUIDELINES:** The SSPT offers a systematic approach to close opportunity and achievement disparities among student subgroups by building on existing services that respond effectively to unique academic and cultural student needs using a whole child approach. The SSPT seeks to achieve the following goals:
1. Support students in acquiring linguistic, academic, behavioral, and social competencies
 2. Assist schools in developing MTSS and enhancing culturally and linguistically responsive, collaborative and supportive cultures for all stakeholders

The SSPT process is designed to ensure that all students maximize their potential. It should be viewed neither as an obstacle to the special education identification process nor as a path for special education identification.

I. Multi-Tiered Systems of Support (MTSS)

All schools are required to develop MTSS that include three tiers of strategies and research-based interventions for service delivery, a problem-solving method, and an integrated data collection system that informs decisions at each tier of support. Strategic collaboration and coordination among the staff (general and specialized) is an essential component of MTSS.

Multi-Tiered Systems of Support address the needs of all student subgroups, including English Learners (EL), standard English learners (SEL), students with disabilities (SWD), expelled students, students in foster care and/or experiencing homelessness, socio-economically disadvantaged, and gifted and talented education (GATE) students. MTSS aligns the entire school-wide system of



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initiatives, supports and resources, and implements continuous improvement processes at all levels of the system (i.e., school-wide, classroom, and individual students). (*CA Dept. of Education*)



Tier 1

Tier 1 requires high quality, culturally and linguistically responsive core instruction, ongoing assessments or universal screenings and incorporates intervention for academic, linguistic, behavioral, and social emotional learning as a school-wide foundation for all students. Tier 1 also includes PBIS and a social/emotional curriculum that provide a learning environment that focuses on the whole child. (Refer to BUL-6231.0, Discipline Foundation Policy: *School-Wide Positive Behavior Intervention and Support*.) Within Tier 1, students receive differentiated instruction and all supplementary aides and resources aligned to the core program.

Differentiation requires recognition of students' varying levels of readiness, interest, background knowledge, language, learning preferences, and the use of culturally responsive pedagogy. It also occurs through modification of the content (what is taught), process (how it is taught), product (how learning is shown), and/or resources available in the classroom, the school, and/or the district. In order to differentiate instruction to maximize student growth and ensure grade level rigor, teachers can add depth and complexity to the curriculum, scaffold lessons, pre-assess students for cooperative learning opportunities, implement interest and/or learning centers, employ questioning strategies, allow for independent study, preview, review, reteach, and frontload.



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A fundamental aspect of effective Tier 1 is validation and affirmation of students' cultures and home (indigenous) languages to build on and bridge success in school through CRLP practices. Additionally, through a Universal Design for Learning (UDL) approach, teachers provide differentiated instruction to address the multiple learning styles of students through various modalities that allow for multiple means of representation, action and expression, and engagement. Universal Design for Learning acknowledges students' strengths, primary language, and prior knowledge as assets in the learning process.

Tier I also provides high-quality first instruction in the area of behavior using PBIS. This includes defining, teaching, reinforcing, and monitoring school-wide and classroom behavior expectations by all school staff. Staff should maximize structure by developing predictable routines, using effective management strategies and actively teaching pro-social behaviors. Students actively engage in learning experiences that reinforce appropriate behaviors. Progress monitoring is required to determine if the instruction and intervention at Tier 1 are effective. (Refer to BUL 6231.0 and BUL 6269.1.)

Effective first instruction is *not* complete without well-established academic, linguistic, behavioral and social emotional foundational practices. A disproportionate number of students referred to Tier 2 and 3 interventions may suggest need for a thorough evaluation of Tier 1 support systems. The SSPT will monitor the effectiveness of Tier 1 instruction and PBIS at key points throughout the school year through a data-driven process that guides and informs instruction and intervention. The SSPT also monitors and evaluates students' response to effective Tier 1 instruction throughout the year. When assessment measures indicate that a student needs more instruction and intervention to access the core curriculum, then Tier 2 services are provided.

Tier 2

Tier 2 includes focused intervention for students not making adequate progress and who require a more targeted, intensive level of support that corresponds with their level of performance and rate of progress. Tier 2 requires a qualitatively different evidence-based instructional program, approach or strategy, additional time for intervention and smaller group size for instruction. The interventions may occur within or outside the classroom and the amount of time spent in Tier 2 is in *addition* to what is provided in Tier 1. For Tier 2 academic, linguistic, and behavioral supports, refer to the SSPT online resource Toolkit at <http://achieve.lausd.net/sspt>.



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Tier 3

Tier 3 is comprised of highly targeted and intensive interventions for a small number of students. Students at the Tier 3 level of support require daily intervention, in *addition* to what is provided in Tiers 1 and 2. Tier 3 services require a higher level of strategic collaboration and coordination among the staff (general and specialized) providing services to the student.

All levels of an MTSS must include:

- A direct link to the intensity of instructional and/or language need(s)
- Evidence-based instructional/behavioral programs at each level, increasing in intensity, as needed
- Augmented academic engaged time as the intensity of supports increases
- A seamless level of intervention support based on progress monitoring data

II. Establishing the Student Support and Progress Team

A. The previous functions of the COST, SST and LAT are now the responsibility of the SSPT.

1. *Coordination of Services Team*

The COST involved a tiered and coordinated approach that systematically identified at-risk students, developed comprehensive multidisciplinary intervention plans, and regularly monitored student progress.

2. *Student Success Team and/or Student Study Team*

The SST provided an early identification method to review student performance and early intervention planning and included a systematic problem solving approach that clarified concerns, developed strategies, mobilized and coordinated resources, and provided for a system of accountability and measurable outcomes.

3. *Language Appraisal Team*

The LAT process supported the instruction and progress of English Learners according to the English Learner Master Plan at <http://achieve.lausd.net/Page/74#spn-content>. This process included monitoring the instructional placement and progress of English Learners, Long-Term English Learners and Reclassified Fluent English Proficient students.

As part of the District's efforts to capacitate all PK-12 schools with a coherent plan to provide excellence in instruction, opportunity, and access to each student, these teams have been combined into one uniform, district-wide pre-referral process.



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- B. All schools shall establish a Student Support and Progress Team within the first six weeks of the school year.
1. Core Team members should have experience, knowledge, and/or training in the following:
 - a. Analysis of student work and progress monitoring strategies to improve teaching and learning
 - b. Intervention services and resources available to students (and families, where appropriate)
 - c. Differentiated instruction strategies
 - d. The California Content Standards and California English Language Arts /English Language Development (ELA/ELD) Standards
 - e. California ELA /ELD *Framework*
 - f. Knowledge of Universal Design for Learning
 - g. Multi-Tiered System of Support
 - h. Culturally and Linguistically Responsive instruction
 - i. Student subgroups disproportionately referred to special education
 - j. Language development (including Designated and Integrated ELD)
 - k. Knowledge of the characteristics of various subgroups, including high achieving, GATE students, and students in foster care and/or experiencing homelessness
 - l. Positive Behavioral Interventions and support
 - m. Trauma informed practices
 - n. Non-cognitive skills development
 - o. Child Welfare and attendance policies/dropout prevention strategies
 2. The principal designates a member of the school staff to serve as the SSPT Designee.
 3. Core Team members shall be identified:
 - a. Required team members (as staffed at each site)
 - i. Administrator or Designee
 - ii. General Education Teacher(s)
 - iii. Discipline Review Team Member/Restorative Justice Teacher
 - iv. Referring Person
 - v. Targeted Student Population Advisor/EL Designee
 - vi. LTEL Designee, if applicable
 - vii. Instructional Coach (e.g., ELA, Math, Title III, SEL)
 - b. Additional members, based on student need:
 - i. Parent/Guardian
 - ii. Student (if developmentally age appropriate)



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- iii. Resource Specialist Teacher
- iv. School Psychologist
- v. Data/Intervention Coordinator
- vi. Elementary/Secondary Counselor
- vii. Dual Language/Bilingual Programs Lead Teacher
- viii. School Nurse
- ix. Psychiatric Social Worker
- x. Pupil Services and Attendance Counselor
- xi. Occupational and/or Physical Therapist
- xii. Speech and Language Pathologist
- xiii. Secondary Dean of Students
- xiv. GATE Coordinator
- xv. SEL Coach or Coordinator
- xvi. SDES Counselor, if the student is expelled
- xvii. Section 504 Case Manager

C. SSPT Principal Certification

1. Within the first six weeks of the school year, PK-12 Principals must certify in the Principal's Portal that their school has established an SSPT.
2. The Student Support and Progress Team Meeting Log (Attachment B) must be uploaded to the Principal Portal, twice per year in December and June.

D. Student Support and Progress Team Responsibilities

1. Establish a calendar of regularly scheduled meeting dates (e.g., weekly, biweekly, or monthly) to review initial referrals and follow-up meetings.
2. Develop a system for notifying the student's parent/guardian of an SSPT meeting using the Parent Invitation Letter (Attachments C1-C5)
3. Maintain all SSPT forms and documentation on file at the school site for a minimum of five years, including the SSPT Sign-In Form (Attachment D) and SSPT Referral Log (Attachment E).
4. Maintain student-specific SSPT forms in the appropriate folder in the student's cumulative record. Refer to the Cumulative Folder Handbook at <http://achieve.lausd.net/sspt>.
 - a. SSPT forms for English Only (EO), Initially Fluent (IFEP), and Reclassified Fluent English Proficient (RFEP) students must be



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maintained in the student's red intervention folder.

- b. SSPT forms for English Learner students, including Long Term English Learners (LTELs), must be maintained in the student's blue Master Plan folder.
5. Monitor placement, instruction and reclassification readiness for all EL students grades K-12 to ensure appropriate linguistic and academic progress, as outlined in the English Learner Master Plan. Refer to the EL Master Plan at <http://achieve.lausd.net/mmed#spn-content>.
6. Identify and monitor the progress of all SEL students in grades K-12, using Literacy assessments (e.g., DIBELS Next/TRC, LAS Links, and Reading Inventory-RI) and the SEL Dashboard.
7. Ensure RFEP students continue to make progress and achieve academic proficiency in all core subject areas.
8. Monitor the academic and linguistic achievement of historically underserved students (e.g., African American and Latino students) and ensure culturally and linguistically relevant practices are in place within Tier I instruction.
9. Monitor the performance and provide an early warning system for underachieving students in specific groups, such as students in foster care and/or experiencing homelessness.
10. Monitor the performance of pre-school aged students in Early Childhood Education Centers/preschool programs, using the Early Education Achievement Targets.
11. Collaborate, as needed, with support services programs (e.g., the Access, Equity and Acceleration Unit/Academic, English Master Program; the Foster Youth Achievement Program; Homeless Education Program; Juvenile Hall/Camp Returnee program; Diploma Project) for additional supports.

The SSPT designee will document the SSPT referral and meeting information in MiSiS.

Note: For expelled students, SSPT documents shall be stored in the expulsion file



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maintained at the Student Discipline Expulsion Support Unit office. At the school site, however, all completed SSPT forms must be maintained in a separate, alternative location to ensure confidentiality.

III. Student Support and Progress Team (Pre-Referral Activities). The pre-referral process pertains to school-wide data monitoring.

A. Ongoing School-Wide Monitoring (Pre-Referral)

The SSPT conducts ongoing school-wide monitoring of Tier I instruction using multiple data sources. The purpose of this monitoring is to review data across a variety of measures, for student groups and subgroups and identify patterns and trends. Analysis of school-wide data must take place regularly, and at a minimum of eight times per year. From this analysis, the SSPT:

- Determines areas of need to accelerate learning for all students, so as to ensure College and Career Readiness
- Identifies achievement disparities (focus grade levels and focus academic, linguistic, culture, and/or social/emotional areas)
- Recommends differentiated and systematic supports needed to close achievement gaps to promote success for all students
- Identifies support needed to ensure CLRP teaching and learning practices

1. As part of school-wide monitoring, the SSPT shall collect and review various forms of school-wide data to respond to the cultural and cognitive needs of struggling and underachieving students that includes, but is not limited to the following:
 - a. California Content Standards-based measures
 - b. Literacy assessments (e.g., DIBELS Next/TRC, IDEL-Spanish assessment, LAS Links, Reading Inventory-RI)
 - c. SEL Dashboard
 - d. District assessments
 - e. California English Language Development Test/English Language Proficiency Assessment for California (ELPAC)
 - f. Progress towards reclassification of English Learners
 - g. Enrollment and Withdrawal
 - h. Successful completion of A-G coursework
 - i. Report card marks (including cooperation and work habits)
 - j. Practice Scholastic Aptitude Test
 - k. Advanced Placement Potential Reports
 - l. Suspension
 - m. Attendance
 - n. MiSiS Counseling and Discipline Referrals



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- o. School Experience Survey
 - p. School Report Card
2. The SSPT shall review the progress of ELs and LTELs at least quarterly (i.e., four times per year) to determine supports needed and readiness for reclassification.
 3. The SSPT shall monitor the progress of Reclassified Fluent English Proficient (RFEP) students at least twice per year and provide supports as needed.
 4. The SSPT shall monitor the progress of SEL students at least quarterly (i.e., four times per year) to determine supports needed for accelerating literacy and language development.
 5. As part of school-wide monitoring, the SSPT identifies students requiring additional supports to raise student achievement in one or more of the following areas:
 - a. Academic Achievement
 - b. College and Career Readiness
 - c. Behavior
 - d. Language Development
 - e. School Attendance
 - f. Health
 - g. Social/Emotional Functioning
 6. Conduct collaborative meetings (e.g., grade level meetings, departmental meetings) to review relevant student data with teachers and provide support.
 7. Make recommendations regarding school-wide, classroom, individual interventions, professional development, and school-wide policies.
 8. Implement interventions at targeted levels.
 9. Collect ongoing progress monitoring data from interventions to make recommendations.
 - a. If the student is making sufficient progress, the student should continue to receive this level of support.
 - b. If the student is not responding to the intervention, an SSPT meeting should be initiated.



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IV. Student Support and Progress Team Referral Process

- A. A teacher, administrator, school staff member, or parent/guardian (Educational Rights Holder), or community member (e.g., Department of Children and Family Services social worker) may initiate a request for an SSPT meeting.

Note: Students with disabilities are primarily supported through the IEP process. In the event that a non-IEP related issue arises, consultation with the Local District Administrative Coordinator, Special Education needs to occur prior to a referral to the SSPT for students with disabilities.

- B. The SSPT Designee will schedule a consultation meeting with the referring person and enter the Referral information in MiSiS, or use Attachments G-1, G-2, G-3 (Elementary, Secondary, or Preschool Referral Form).
- C. EL students should be referred to the SSPT to determine whether to recommend students for reclassification. The EL Progress Profile shall be reviewed for every EL student. Referrals must occur in the following cases:
 - 1. English language learners in grade K (2nd year) and grade one who meet all reclassification criteria
 - 2. English learners in grades 2-12 who meet all reclassification criteria except for grades
- D. EL students identified as LTELs for the third consecutive year must be referred to the SSPT for review to determine appropriate supports and/or placement options.

V. Conduct the Student Support and Progress Team Meeting

- A. Assign the team member roles for the meeting.
- B. Structure the meeting according to the recommended 20 to 30 minute time-period.
- C. Review referral data and documentation.
- D. Develop targeted strategies, interventions, and goals aligned to student needs.
- E. Complete the Student Intervention Plan or the Reclassification Meeting Form (Attachment J-1 or J-2). The completed Student Intervention Plan or



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Reclassification Meeting Form serves as documentation of the initial meeting.

F. If the SSPT determines that a student should be recommended for reclassification, the team completes the appropriate Reclassification Recommendation Form (Attachments H1-H5), also available at <http://achieve.lausd.net/Page/180>. The SSPT should utilize the Elementary or Secondary Reclassification Checklist (Attachment I-1, I-2) and send the reclassification recommendation and supporting documentation to the Local District EL Coordinator.

G. Designate a member of the SSPT as the case manager to follow up with the implementation of interventions and act as a resource to the interventionist/teacher.

Note: The case manager for all ELs should be the EL or LTEL Designee.

H. Schedule a follow-up meeting.

VI. Implement the Interventions

Ideally, all students should receive a minimum of three (6-8 week) intervention intervals with ongoing progress monitoring. The number and length of intervals should be based on the student's rate of improvement and his/her progress in meeting benchmark expectations. The SSPT shall hold a follow-up meeting at the conclusion of each intervention interval.

A. The case manager supports and consults with the interventionist/teacher to enhance the efficacy of the intervention.

1. Modeling and coaching of instructional strategies and evidence-based approaches
2. Modification of goal(s)
3. Gathering data for follow-up meetings

VII. Progress Monitoring and Data-Based Decision Making

A. Progress Monitoring

1. The intervention provider(s) are required to gather progress-monitoring data throughout the intervention interval. The intervention provider(s) may use the Universal Progress Monitoring (UPM) Data Tool to monitor student growth, available at the web address <http://achieve.lausd.net/sspt>.
2. The intervention provider(s) shall document benchmark data for the individual or group and gather weekly or bi-weekly progress monitoring



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data. The goal of progress monitoring is to collect student progress data at multiple points during the intervention interval and adjust instruction as needed. The information below may guide the frequency of progress monitoring activities.

- a. For students at the Tier II level of support, progress monitoring should occur at least every other week.
- b. For students at the Tier III level of support, progress monitoring should occur weekly.
- c. Additional data may be collected as appropriate to the student's needs and the intervention activities.

B. Data-Based Decision Making

The SSPT analyzes student performance at each follow-up meeting based on the progress monitoring data taken during the intervention period and determines need for the following actions:

1. Modify the intervention (i.e., instructional strategy, intervention program, goals, grouping, duration and frequency).
2. Continue the intervention.
3. Adjust the level of tiered support, based on student outcome data.
4. Review and consider a Section 504 Plan.
5. Exit the Student Support and Progress Team process and make data based decisions regarding educational needs and next steps.

When a student is not progressing based on progress monitoring data, the SSPT will use the information to evaluate the effectiveness of the intervention and/or need to modify the intervention plan, as noted above.

VIII. Follow-up Meetings

- A. Occur at the conclusion of each 6- to 8-week intervention interval.
- B. Review and document student progress on the Follow-up Meeting Notes in MiSiS, or using Attachment K.

AUTHORITY: This is a policy of the Superintendent of Schools.



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RELATED RESOURCES: *Individuals with Disabilities Education Improvement Act (IDEIA)*
Federal Code of Regulations, §300.309; Sections (b)(1) and (b)(2)

California Department of Education, Multi-Tiered System of Support

Language Appraisal Team Handbook 2013-14; LAUSD, Multilingual Multicultural Education Department

Bulletin 5619.4 “Reclassification of English Learners”

Strengthen Support for Standard English Learners (Res-097-13/14)

Bulletin 6269.1 “Multi-Tiered System of Behavior Support for Students with Disabilities”

Bulletin 6231.0 “Discipline Foundation Policy: School-Wide Positive Behavior Intervention and Support”

Bulletin 6718, “Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved with the Juvenile Justice System”

“It is important to note that no intervention process may be used to delay or deny the provision of a full and individual evaluation that meets the requirements of 34 CFR §§300.304-300.311 to a child suspected of having a disability under 34 CFR §300.8”: US Dept. of Education, Office of Special Education Programs, September, 10, 2013.

Related Resources are available at the following website:

SSPT online Resource Toolkit <http://achieve.lausd.net/sspt>

Universal Progress Monitoring Data Tool <http://achieve.lausd.net/sspt>

EL Reclassification Policy at <http://achieve.lausd.net/Page/181>

EL Reclassification Data Drops <http://achieve.lausd.net/Page/180>

SEL/AEMP Resources <http://achieve.lausd.net/AEMP>

Cumulative Folder Handbook for Elementary Schools

Cumulative Folder Handbook for Secondary Schools

ASSISTANCE: For assistance or further information, please contact Annmarie Serrano, Intervention Coordinator at annmarie.serrano@lausd.net and Kirstin Summers at kms3113@lausd.net or the Local District English Learner Compliance Coordinator.



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ATTACHMENTS: The following attachments, along with additional resources, can be accessed in the online Resource Toolkit available at the website: <http://ahieve.lausd.net/sspt>.

Attachment A:	Student Support and Progress Team Membership Form
Attachment B:	Student Support and Progress Team Meeting Log
Attachment C-1:	Parent Invitation Letter, English
Attachment C-2:	Parent Invitation Letter, Spanish
Attachment C-3:	Parent Invitation Letter, Armenian
Attachment C-4:	Parent Invitation Letter, Chinese
Attachment C-5:	Parent Invitation Letter, Korean
Attachment D:	Student Support and Progress Team Sign-In Form
Attachment E:	Student Support and Progress Team Referral Log
Attachment F:	Student Support and Progress Team Request Form
Attachment G-1:	Elementary Referral
Attachment G-2:	Secondary Referral
Attachment G-3:	Preschool Referral
Attachment H-1:	SSPT Reclassification Recommendation Form <i>Grades K-1</i>
Attachment H-2:	Reclassification Recommendation Form, <i>Grade 2</i>
Attachment H-3:	Reclassification Recommendation Form, <i>Grades 3rd-5th</i>
Attachment H-4:	Reclassification Recommendation Form, <i>Grades 6th-9th</i>
Attachment H-5:	Reclassification Recommendation Form, <i>Grades 10th-12th</i>
Attachment I-1:	Elementary Reclassification Checklist
Attachment I-2:	Secondary Reclassification Checklist
Attachment J-1:	Student Intervention Plan
Attachment J-2:	Reclassification Meeting Form
Attachment K:	Follow-up Meeting Notes

Acronym	Full Term
COST	Coordination of Services Team
CLRP	Culturally and Linguistically Responsive Pedagogy
EL	English Learner
ELA	English Language Arts
ELD	English Language Development
EO	English Only
GATE	Gifted and Talented Education
IFEP	Initial Fluent English Proficient
LAT	Language Appraisal Team
LTEL	Long Term English Learner
MTSS	Multi-tiered System of Support



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OLAS	Online Accountability System
PBIS	Positive Behavior Interventions and Support
RFEP	Reclassified Fluent English Proficient
SDES	Student Discipline and Expulsion Services
SEL	Standard English Learner
SST	Student Success Team
SSPT	Student Support and Progress Team
SWD	Students with Disabilities
UDL	Universal Design for Learning
UPM	Universal Progress Monitoring

Refer to <http://achieve.lausd.net/sspt> for Handbook.

Student Support and Progress Team Membership Form

School

The following individuals have been designated and trained to serve as members on the School Support and Progress Team for the _____ school year:

Name	Title
1.	Administrator/Designee
2.	General Education Teacher
3.	Instructional Specialist
4.	Intervention/Healthy Start Coord.
5.	EL Designee
6.	Other*:
7.	Other:
8.	Other:
9.	Other:
10.	Other:
11.	Other:
12.	Other:

Student Support and Progress Team meetings are held (specify how often):

Principal's Signature

Date Submitted

* Additional members who should participate in meetings concerning EL students are the TSP Advisor/Instructional Specialist, the Title III Coach, and the student's ELD or LTEL teacher.

Student Support and Progress Team Meeting Log

School: _____ Local District: _____ Meetings From: _____ To: _____

Instructions: For each meeting, complete the sections corresponding to the meeting purpose and activities. For student referrals, specify the meeting type: Initial meeting, follow-up meeting (first, second, third), or reclassification review. The SSPT Meeting Log is uploaded twice per year to the English Learner Instructional Online Accountabilities System. *The SSPT Meeting Log and supporting SSPT documentation are to be kept on file at the school for a minimum of 5 years.*

Meeting Date	Location	School-Wide Monitoring			Student Referrals		
		Data reviewed	Subgroups and/or Students Monitored	Recommendations/ Action Steps	Student Name/ ID Number	Meeting Type (Initial, Follow-up, or Reclassification)	Recommendations/ Action Steps



Student Support and Progress Team Parent Invitation Letter

Date: _____

Dear _____:

The goal of our school is to ensure that all students are successful learners and high achievers.

In an effort to ensure that _____ continues to have success in the classroom and at school _____ has been referred by _____ to the Student Support and Progress Team (SSPT). The SSPT is a teacher and student support system designed to problem-solve on how we can help _____ be more successful in school. Teachers, administrators and other school support personnel are members of the team.

As you know, you play an important role in your child's education. The school welcomes and respects your input. We would like to invite you to join us as a member of the team to help find ways in which _____ can continue being successful in school.

We have scheduled a meeting on _____ at _____ to design a support plan for _____.

Please let us know if you are able to attend by checking one of the responses below:

- ☐ I will attend the meeting as scheduled.
- ☐ I will need the following accommodations so that I may attend the meeting:
_____.
- ☐ I would prefer to participate by telephone. Please contact me at _____.
- ☐ I will not attend the meeting, but would like a contact from the teacher or team.
- ☐ I would rather come on _____.
- ☐ Please contact me at _____ to reschedule.

Parent/Guardian Signature

Date

Please sign and return this letter to your child's school. Please feel free to contact me if you have any questions. I may be reached at _____.

We look forward to hearing from you.

Sincerely,



Carta de Invitación para los Padres de parte del Comité de Apoyo y Progreso Estudiantil

Fecha: _____

Estimado _____:

La meta de nuestra escuela es asegurar que a todos los estudiantes les vaya bien en la escuela y tengan un buen desempeño.

_____ fue remitido por _____ al Comité de Apoyo y Progreso Estudiantil (SSPT, por sus siglas en inglés) para asegurar que él/ella continúe teniendo éxito en el aula/entorno escolar. El SSPT es un sistema de apoyo para el maestro y el estudiante diseñado para encontrar la mejor manera de ayudar a _____ a tener más éxito en la escuela. Los maestros, administradores y otros miembros del personal de apoyo de la escuela integran a este comité.

Como sabe, usted cumple una función importante en la educación de su hijo. La escuela acoge y respeta sus sugerencias. Nos gustaría invitarlo a formar parte de nuestro comité para ayudarnos a encontrar maneras para que a _____ le siga yendo bien en la escuela.

Hemos programado una reunión tentativa para el _____ y _____ con el fin de crear un plan de apoyo para _____. Por favor infórmenos si puede asistir al marcar una de las respuestas a continuación.

___ Asistiré a la reunión programada.

___ Necesitaré las siguientes modificaciones para poder asistir a la reunión:

___ Preferiría participar por teléfono. Por favor comuníquese conmigo al _____.

___ No asistiré a la reunión pero quisiera que el maestro o el comité me contacten.

___ Preferiría venir el _____.

___ Por favor comuníquese conmigo al _____ para programar otra fecha para la reunión.

Firma del padre de familia/tutor

Fecha

Por favor firme este documento y entréguelo en la escuela de su hijo. Por favor no dude en contactarme si tiene alguna pregunta. Me puede contactar al llamar al _____.

Esperamos que se comunique con nosotros,

Atentamente,



Ծնողների հրավերի նամակ Ուսանողների Առաջադիմության և աջակցության ցուցաբերման խմբի կողմից

Ամսաթիվը՝ _____

Հարգելի _____:

Մեր դպրոցի նպատակն է հոգալ այն մասին, որ բոլոր ուսանողները հաջողությամբ և գերազանցությամբ սովորեն:

Որպեսզի _____ շարունակի հաջողությամբ սովորել դպրոցում _____ ներառվել է _____ կողմից ուսանողների առաջադիմության և աջակցության ցուցաբերման խումբ (ՈւԱԱԽ). ՈւԱԱԽ ուսուցիչ-ուսանող աջակցման համակարգ է, որի նպատակն է աջակցել _____ ավելի շատ հաջողությունների հասնել դպրոցում: Ուսուցիչները, աղմինիստրատորները և դպրոցի այլ աջակցող անձնակազմը հանդիսանում են խմբի անդամներ:

Ինչպես գիտեք, Դուք կարևոր դեր ունեք Ձեր երեխայի կրթության հարցում: Դպրոցը ողջունում և հարգում է Ձեր ներդրումը: Մենք հրավիրում ենք Ձեզ միանալ մեզ որպես մեր խմբի անդամ և օգնել մեզ միջոցներ գտնել, որպեսզի _____ շարունակի առաջադիմել դպրոցում:

Մենք կազմակերպել ենք հանդիպում _____ համար աջակցման ծրագիր կազմելու համար: Խնդրում ենք տեղեկացնել մեզ, եթե Դուք կարող եք ներկա գտնվել՝ նշելով ստորև նշված պատասխաններից որևէ մեկը՝

___ Ես ներկա կլինեմ հանդիպմանը նշված օրը

___ Ինձ անհրաժեշտ են ստորև նշված պարագաները հանդիպմանը ներկա լինելու համար՝

___ Ես կնախընտրեի մասնակցել հեռախոսով: Խնդրում եմ կապվել ինձ հետ _____ հեռախոսահամարով.

___ Ես ներկա չեմ լինի հանդիպմանը, սակայն կցանկանայի ուսուցչի կամ խմբի անդամներից որևէ մեկի կոնտակտային տվյալներ ունենալ

___ Ես կնախընտրեի ներկա լինել _____.

___ Խնդրում եմ կապվել ինձ հետ _____ հանդիպման օրը փոփոխելու համար

Ծնողի/Խնամակալի ստորագրությունը

Ամսաթիվ

Խնդրում ենք ստորագրել և վերադարձնել սույն նամակը Ձեր երեխայի դպրոցին: Հարցերի դեպքում խնդրում եմ կապվել ինձ հետ: Ինձ հետ կարելի է կապվել _____ հեռախոսահամարով:

Ակնկալում ենք Ձեր պատասխանին:

Հարգանքով՝



學生支援和進步小組家長邀請函

日期: _____

親愛的 _____:

我們學校的目標是要確保所有學生都是成功的學習者和高成就者。

為了努力確保 _____ 繼續在課堂上和學校裡取得成功，
_____ 已經被 _____ 推薦到學生支援和進步小組 (SSPT)。學生支援和進步小組 (SSPT) 是一個為了解決問題的教師和學生的支援系統，它的設立是我們如何幫助
_____ 在學校變得更成功。教師，行政領導和學校其他支援人員都是該小組的成員。

正如你們所知道的，你們在你們孩子的教育中都扮演著一個重要角色。學校歡迎並尊重你們的意見。我們想要邀請你們來和我們在一起作為該小組的一員來幫助找到方法使 _____ 能夠繼續在學校取得成功。

我們預定在 _____，_____ 召開會議來為 _____ 設計一個支援計畫。請讓我們知道你們是否能夠前來參加。請在下面勾選你們的回答：

- ☐ 我會參加預定的會議。
- ☐ 我需要下面所述的協助，從而我就有可能來參加會議：
- ☐ _____。
- ☐ 我寧願通過電話來參加。請撥打下面的電話和我聯繫：_____。
- ☐ 我不能參加會議，但是想要一位教師或者小組成員和我聯繫。
- ☐ 我可以在 _____ 來參加會議。
- ☐ 請撥打下面的電話 _____ 和我聯繫來另定時間。

家長/監護人簽名 _____

日期 _____

請簽名並將此信交回你們孩子的學校。如果有任何問題，請和我聯繫。你們可以撥打下述電話
_____ 和我聯繫。

我們期待聽到你們的回答。

誠摯地，



학생 지원 및 진행팀 부모 초대 서면

날짜: _____

친애하는 _____:

저희 학교의 목표는 모든 학생들이 성공적인 학습자이자 높은 성취자가 되도록 보장하는 것입니다.

이를 보장하도록 하는 노력의 일환으로, _____(은)는 교실과 학교에서의 성공을 지속하고 _____(이)가 _____에 의한 학생 지원 및 진행팀(SSPT)으로 추천되었습니다. SSPT는 저희가 학교에서 _____(이)가 가장 성공적으로 되는 방법에서 문제를 해결하도록 고안된 교사 및 학생 지원 시스템입니다. 교사, 관리자 및 기타 학교 지원 담당자는 팀 회원입니다.

아시는 대로, 귀하는 귀하의 자녀 교육에 중요한 역할을 담당하고 있습니다. 학교는 귀하의 의견을 환영하며 존경하고 있습니다. 저희는 _____(이)가 성공적인 학교 생활을 지속적으로 할 수 있도록 하기 위한 방법을 찾는 데 돕는 회원으로서 저희와 합류하도록 귀하를 초대하고자 합니다.

저희는 _____에 대한 지원 계획을 고안하기 위해 _____, _____에 시험적으로 회의 일정을 잡았습니다. 아래 답변 중 하나를 체크하여 귀하가 참석하실 수 있는지 여부를 알려 주시기 바랍니다.

____ 나는 예정된 대로 회의에 참석할 것입니다.

____ 나는 회의에 참석하는 데 다음 숙박 시설이 필요합니다:

____ 나는 전화로 참석하고자 합니다. 다음으로 제게 전화하십시오: _____.

____ 나는 회의에 참석하지 않지만, 교사나 팀으로부터 연락을 받고자 합니다.

____ 나는 다음 날짜에 참석하고자 합니다: _____.

____ 나에게 다음으로 연락하여 _____ 회의 날짜를 재조정하여 주시기 바랍니다.

부모/보호자 서명 _____

날짜 _____

귀하의 자녀 학교로 이 서면을 서명한 후 제출해 주십시오. 질문이 있으신 경우, 자유롭게 문의하십시오. 저는 _____(으)로 문의할 수 있습니다.

저희는 귀하와 협력하기를 고대합니다.

감사합니다.

Student Support and Progress Team Sign-In Form

ATTACHMENT D

Meeting Purpose:	Meeting Date:	
Student Name:	Student ID:	
Teacher/Counselor:	Grade:	Subject (Secondary):

No.	Print Name	Signature	Title/Role
1			Administrator/Designee
2			General Education Teacher
3			Instructional Specialist
4			Intervention/ Healthy Start Coordinator
5			EL Designee
6			Other*:
7			Other:
8			Other:
9			Other:
10			Other:
11			Other:
12			Other:

Instructions: Maintain a record of the Sign-In Form on file at the school site for a minimum of five years.

* Additional members who should participate in meetings concerning EL students are the TSP Advisor/Instructional Specialist, the Title III Coach, and the student's ELD or LTEL teacher.

[illegible][illegible]



Student Support and Progress Team Request Form

(Submit to SSPT Designee)

Date:	_____	School:	_____
Referring		Relationship	
Person:	_____	to student:	_____
Position:		Dates/Times available	
(if applicable)	_____	for consultation:	_____
Student			
Name:	_____	Student ID:	_____
Grade:	_____	English Learner:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for Referral:

☐ Academic ☐ Behavior ☐ Health ☐ Language ☐ Social/Emotional ☐ Other

☐ Reclassification

Brief Description of Concern:

The SSPT Designee will contact you to schedule a consultation meeting.



Student Support and Progress Team Elementary Referral

Completed with SSPT Designee and referring person

Referring Person: _____ Date: _____

Student Name: _____ Student ID: _____

Teacher Name: _____ Grade: _____ Room: _____

Reason for Referral:

☐ Academic ☐ Behavior ☐ Health ☐ Language ☐ Social/Emotional ☐ Other

☐ Reclassification of English Learner Please explain: _____

Background Information:

Attendance:	Days Absent: _____	Unexcused: _____	Tardies: _____
Physical/Health Problems:	Yes _____	No _____	If yes, please explain : _____
Student wears glasses:	Yes _____	No _____	Consistently: _____
Student wears a hearing device:	Yes _____	No _____	Consistently: _____

Current Academic Information:

DIBELS Next Data: (composite) <input type="checkbox"/> BOY <input type="checkbox"/> MOY <input type="checkbox"/> EOY _____ _____	Attach Documentation (as appropriate): For English Learner reclassification referrals, attach OFFICIAL evidence of reclassification criteria as specified in BUL-5619.3, reclassification policy. <input type="checkbox"/> Elementary Interim ELA/Math Assessment Data <input type="checkbox"/> English Learner Progress Profile <input type="checkbox"/> Long Term English Learner (LTEL) Goal Sheet <input type="checkbox"/> SSPT Academic Inventory (as applicable) <input type="checkbox"/> MyData Comprehensive Student History Report (including grades) <input type="checkbox"/> Social Emotional Screener Results (DESSA, SRSS) <input type="checkbox"/> State Assessment Results (if applicable) <input type="checkbox"/> Prior Intervention Services Received (MyData, MiSiS) <input type="checkbox"/> Other Pertinent Data regarding the reason for referral : (Explain) _____
Indicator Results, as applicable: First Sound Fluency: _____ Letter Naming Fluency: _____ Phoneme Segmentation: _____ Nonsense Word Fluency: _____ Oral Reading Fluency: _____ Daze: _____	



Current English Learner/Reclassified English Proficient Student Information:

Primary/Home Language	_____ Primary Language Support provided by <input type="checkbox"/> Teacher <input type="checkbox"/> TA <input type="checkbox"/> Other
Current Language Classification:	<input type="checkbox"/> EL <input type="checkbox"/> RFEP Date of Current Language Classification: _____

In addition to the information above, please attach a copy of the EL Progress profile for EL students.

Classroom/Playground Behavior (answer yes or no)

- | | |
|--|-------------------------------------|
| _____ 1. Positive peer social interactions | _____ 5. Group participation |
| _____ 2. Positive adult social interaction | _____ 6. Attention seeking behavior |
| _____ 3. Completes in-class assignments | _____ 7. Lacks Motivation |
| _____ 4. Completes homework | _____ 8. Follows rules |

Initial Description of Concern: *Please describe the student's strengths, your specific academic or behavior concerns and the interventions and strategies implemented to address these concerns.*

Strengths: (What are the student's academic and social skills strengths?)	
Academic or Behavior Concern: (What is impeding the students learning?)	
Language Concerns (Identify difficulties and/or areas in which student is not making adequate progress toward English proficiency.)	
Are there CA or ELD Standards not being met? (Identify the subject area and bucket area of concern)	
Classroom Interventions and Strategies Implemented: (What interventions have you attempted in addressing the area of concern?) If related to behavior, refer to Behavior Instruction and Intervention Tier 1 Supports Inventory.	



Intervention Frequency and Duration: (When did the intervention begin? How long was it implemented? How often was it provided? Example: Intervention began October 1 st , it was implemented for four weeks and it was provided once a week for 30 minutes.	
Outcomes: (How did the student respond? What progress was observed?)	

Additional Relevant Information (Where the behavior occurs, relevant social/emotional information, academic history, health concerns, etc):

--

What, specifically, do you want the student to learn or be able to do?

--

Evidence Reviewed: (Please check as appropriate)

Academic:

- ☐ Academic data (formative and summative)
- ☐ Curriculum based-measures
- ☐ Student Work Samples
- ☐ Evidence of Classroom strategies
- ☐ Observation data
- ☐ Attendance
- ☐ EL Progress Profile
- ☐ Other: _____

Behavior:

- ☐ Evidence of behavior strategies (point charts, etc.)
- ☐ Office referrals or other behavior data
- ☐ Functional Behavior Assessments
- ☐ Student or parent interview info
- ☐ Observation data
- ☐ Attendance
- ☐ Other: _____



Student Support and Progress Team Secondary Referral

Completed with SSPT Designee and referring person

Demographic Information:

Referring Person: _____ Date: _____
Student Name: _____ Student ID: _____
Language Classification: _____ Grade: _____
Counselor: _____ Track/SLC: _____

Reason for Referral:

☐ Academic ☐ Behavior ☐ Health ☐ Language ☐ Social/Emotional ☐ Other

☐ Reclassification of an English Learner

Please explain: _____

Background Information:

Physical/Health Problems:	Yes _____	No _____	If yes, please explain : _____
Student wears glasses:	Yes _____	No _____	Consistently: _____
Student wears a hearing device:	Yes _____	No _____	Consistently: _____

Current Academic Information:

Attach Documentation (as appropriate):

For English Learner reclassification referrals, attach OFFICIAL evidence of reclassification criteria as specified in BUL-5619.3, reclassification policy.

- ☐ MyData Comprehensive Student History Report (grades, credits, CAHSEE, A-G coursework completed, attendance, progress toward meeting graduation requirements, etc.)
- ☐ Prior Intervention Services Received, including credit recovery
- ☐ Social Emotional Screener Results (DESSA, SRSS)
- ☐ State Assessment Results (*if applicable*)
- ☐ Student Discipline Data
- ☐ Transcript
- ☐ English Learner Progress Profile
- ☐ Long-term English Learner (LTEL) Goal Sheet
- ☐ Other Pertinent Data regarding the *reason for referral* : (*Explain*) _____



Current English Learner/Reclassified English Proficient Student Information:

Primary/Home Language: _____	Primary Language Support provided by <input type="checkbox"/> Teacher <input type="checkbox"/> TA <input type="checkbox"/> Other
Language Classification: <input type="checkbox"/> EL <input type="checkbox"/> RFEP	Date of Current Language Classification: _____

In addition to the information above, please attach a copy of the EL Progress profile for EL students.

Totals To Date	Full Day Absences	Partial Day Absences	Tardies
Current Academic Year	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>
		Which Periods?	

Classroom Conduct (answer yes or no)

- | | |
|--|-------------------------------------|
| _____ 1. Positive peer social interactions | _____ 5. Group participation |
| _____ 2. Positive adult social interaction | _____ 6. Attention seeking behavior |
| _____ 3. Completes in-class assignments | _____ 7. Lacks Motivation |
| _____ 4. Completes homework | _____ 8. Follows rules |

Initial Description of Concern: *Please describe the student's strengths, your specific academic or behavior concerns and the interventions and strategies implemented to address these concerns.*

Strengths: (What are the student's academic and social skills strengths?)	
Academic or Behavior Concern: (What is impeding the students learning?)	
Language Concerns (Identify difficulties and/or areas in which student is not making adequate progress towards English proficiency.)	
Are there CA or ELD Standards not being met? (Identify subject area and bucket area of concern)	



Classroom Interventions and Strategies Implemented: (What interventions have you attempted in addressing the area of concern?) If related to behavior, refer to Behavior Instruction and Intervention Tier 1 Supports Inventory.	
Intervention Frequency and Duration: (When did the intervention begin? How long was it implemented? How often was it provided? Example: Intervention began October 1 st , it was implemented for four weeks and it was provided once a week for 30 minutes.	
Outcomes: (How did the student respond? What progress was observed?)	

Additional Relevant Information (Where the behavior occurs, relevant social/emotional information, academic history, health concerns, etc):

--

What, specifically, do you want the student to learn or be able to do?

--

Evidence Reviewed: (Please check as appropriate)

Academic:

- ☐ Academic data (formative and summative)
- ☐ Curriculum based-measures
- ☐ Student Work Samples
- ☐ Evidence of Classroom strategies
- ☐ Observation data
- ☐ Attendance
- ☐ EL Progress Profile
- ☐ Other: _____

Behavior:

- ☐ Evidence of behavior strategies (point charts, etc.)
- ☐ Office referrals or other behavior data
- ☐ Functional Behavior Assessments
- ☐ Student or parent interview info
- ☐ Observation data
- ☐ Attendance
- ☐ Other: _____



Student Support and Progress Team Preschool Referral

Completed with SSPT Designee and referring person

Referring Person: _____ Date: _____

Student Name: _____ Student ID: _____

Teacher Name: _____ Grade: _____ Room: _____

Reason for Referral:

☐ Academic ☐ Behavior ☐ Health ☐ Language ☐ Social/Emotional ☐ Other

Background Information:

Attendance: Days Absent: _____	Unexcused: _____	Tardies: _____
Physical/Health Problems: Yes _____ No _____	If yes, please explain : _____	
Student wears glasses: Yes _____ No _____	Consistently: _____	
Student wears a hearing device: Yes _____ No _____	Consistently: _____	

Current Academic Information:

DRDP Assessment dates _____ _____	Attach Documentation (as appropriate): <input type="checkbox"/> Desired Results Developmental Profile (DRDP) <input type="checkbox"/> Ages and Stages Questionnaire (ASQ) <input type="checkbox"/> Ages and Stages Questionnaire-Social Emotional (ASQ-SE) <input type="checkbox"/> Screenings from related service personnel: _____ _____ _____ _____
Domain Results: Self-Regulation: _____ Social Emotional: _____ Language and Literacy: _____ English-Language: _____ Cognition: _____ Physical: _____ History-Social Science: _____ Visual and Performing Arts: _____	

**Current Home Language Student Information:**

Primary/Home Language	_____ Primary Language Support provided by <input type="checkbox"/> Teacher <input type="checkbox"/> TA <input type="checkbox"/> Other
-----------------------	--

Classroom/Playground Behavior (answer yes or no)

- | | |
|--|--------------------------------------|
| _____ 1. Positive peer social interactions | _____ 5. Group participation |
| _____ 2. Positive adult social interaction | _____ 6. Age appropriate play skills |
| _____ 3. Completes activities | _____ 7. Self-comforting skills |
| _____ 4. Independent personal care | _____ 8. Follows rules |

Initial Description of Concern: *Please describe the student's strengths, your specific academic or behavior concerns and the interventions and strategies implemented to address these concerns.*

Strengths: (What are the student's school readiness and social skills strengths?)	
Academic or Behavior Concern: (What is impeding the students learning?)	
Language Concerns (Identify difficulties and/or areas in which student is not making adequate progress.)	
Classroom Interventions and Strategies Implemented: (What interventions have you attempted in addressing the area of concern?) If related to behavior, refer to Behavior Instruction and Intervention Tier 1 Supports Inventory.	
Intervention Frequency and Duration: (When did the intervention begin? How long was it implemented? How often was it provided? Example: Intervention began October 1 st , it was implemented for four weeks and it was provided once a week for 30 minutes.	



Outcomes: (How did the student respond? What progress was observed?)

Additional Relevant Information (Where the behavior occurs, relevant social/emotional information, academic history, health concerns, etc):

What, specifically, do you want the student to learn or be able to do?

Evidence Reviewed: (Please check as appropriate)

Academic:

- ☐ School Readiness (formative and summative)
- ☐ Curriculum based-measures
- ☐ Student Work Samples
- ☐ Evidence of Classroom strategies
- ☐ Observation data
- ☐ Attendance
- ☐ Other: _____

Behavior:

- ☐ Evidence of behavior strategies (sticker charts, etc.)
- ☐ Behavior data
- ☐ Attendance
- ☐ Student or parent interview info
- ☐ Observation data
- ☐ Other: _____



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN



Multilingual and Multicultural Education Department SSPT Reclassification Recommendation Form Grades K-1

ATTACHMENT H-1

The Student Support and Progress Team (SSPT) has reviewed all required documentation and discussed the linguistic and academic strengths/needs of the student listed below.

REVISED 8/13/15

School:	School Code:	LD:	Date:	School Phone #		
Student Name:		Student ID:	Grade:	School Fax #		
MP Program:	CELDT Date:	CELDT Overall Score: (ELD LEVEL)	CELDT Listening:	CELDT Speaking:	CELDT Reading:	CELDT Writing:

**Individual student CELDT scores must be attached to this form.*

Reason for Reclassification:

ELA Report Card Marks*

Listening:	Speaking:	Reading:	Writing:
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**Individual student Report Card Marks must be attached to this form.*

Kindergarten DIBELS*

MOY			EOY	
PSF-20-81	FSF-30-60	NWF-CLS-17-143	PSF-40-81	NWF-CLS-28-143

1st Grade DIBELS*

MOY				EOY				
NWF-CLS-43-143	NWF-WWR-8-50	Fluency-23-250	Accuracy-78%-100%	NWF-CLS-58-143	NWF-WWR-13-50	Fluency-47-250	Accuracy-90%-100%	Retell-15-19

** Individual student DIBELS report must be attached to this form.*

K - 1st Grade Data/Student Evidence*

Other Measure/ Student Work*	Score/Results	Standards/Skills mastered	Comments

**Student data/evidence must be attached.*

For K & 1st grade student: Student has met reclassification criteria and SSPT is recommending reclassification to change the language classification from Limited English Proficient (LEP) to Reclassified Fluent English Proficient (RFEP).

SSPT Designee Signature:	SSPT Date:	Principal Signature:	MMED Signature :
Print Name:		Print Name:	Reclassification Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

**Attach student evidence listed above and send via school mail to:
Local District EL Program Coordinator, Subject Line: Reclassification**



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN



Multilingual and Multicultural Education Department

ATTACHMENTH- 2

SSPT Reclassification Recommendation Form For EL's Not Meeting Grade/Progress Report Mark Requirements Grade 2

The Student Support and Progress Team (SSPT) has reviewed all required documentation and discussed the linguistic and academic strengths/needs of the student listed below.

REVISED 8/13/15

School:	School Code:	LD:	Date:	School Phone #		
Student Name:	Student ID:	Grade:	School Fax #			
MP Program:	CELDT Date:	CELDT Overall Score: (ELD LEVEL)	CELDT Listening:	CELDT Speaking:	CELDT Reading:	CELDT Writing:

*Individual student CELDT scores must be attached to this form.

Reason for Reclassification:

ELA Report Card Marks*			
Listening:	Speaking:	Reading:	Writing:

*Individual student Report Card Marks must be attached to this form.

DIBELS* MOY				DIBELS* EOY			
Fluency- 72-275	Accuracy- 96%-100%	Retell- 21-94	Retell Quality- 2-4	Fluency- 87-275	Accuracy- 97%-100%	Retell- 27-94	Retell Quality- 2-4

*Individual student DIBELS report must be attached to this form.

2 nd Grade Data/Student Evidence*			
Other Measure/ Student Work*	Score/Results	Standards/Skills mastered	Comments

*Student data/evidence must be attached.

This grade 2 student: Student has met all reclassification criteria except Report Card grade. Upon review of additional student data, it is our recommendation to reclassify this student and change the language classification from Limited English Proficient (LEP) to Reclassified Fluent English Proficient (RFEP).

SSPT Designee Signature:	SSPT Date:	Principal Signature:	MMED Signature:
Print Name:		Print Name:	Reclassification Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Attach student evidence listed above and send via school mail to:
Local District EL Program Coordinator, Subject Line: Reclassification



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN



Multilingual and Multicultural Education Department

ATTACHMENT H-3

SSPT Reclassification Recommendation Form For EL's Not Meeting Grade/Progress Report Mark Requirements Grades 3 - 5

The Student Support and Progress Team (SSPT) has reviewed all required documentation and discussed the linguistic and academic strengths/needs of the student listed below.

REVISED 8/13/15

School:	School Code:	LD:	Date:	School Phone #		
Student Name:		Student ID:	Grade:	School Fax #		
MP Program:	CELDT Date:	CELDT Overall Score: (ELD LEVEL)	CELDT Listening:	CELDT Speaking:	CELDT Reading:	CELDT Writing:

*Individual student CELDT scores must be attached to this form.

Reason for Reclassification:

ELA Report Card Marks*

Listening:	Speaking:	Reading:	Writing:
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*Individual student Report Card Marks must be attached to this form.

DIBELS* MOY				DIBELS* EOY			
DAZE Score:				DAZE Score:			
Fluency-	Accuracy-	Retell-	Retell Quality-	Fluency-	Accuracy-	Retell-	Retell Quality-

*Individual student DIBELS report must be attached to this form.

3 - 5 Grade Data/Student Evidence*

Other Measure/ Student Work*	Score/Results	Standards/Skills mastered	Comments

*Student data/evidence must be attached.

For a 3 – 5 grade student: Student has met all reclassification criteria except Report Card grade. Upon review of additional student data, it is our recommendation to reclassify the student and change the language classification from Limited English Proficient (LEP) to Reclassified Fluent English Proficient (RFEP).

SSPT Designee Signature:	SSPT Date:	Principal Signature:	MMED Signature:
Print Name:		Print Name:	Reclassification Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

**Attach student evidence listed above and send via school mail to:
Local District EL Program Coordinator, Subject Line: Reclassification**



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN



Multilingual and Multicultural Education Department

ATTACHMENT H- 4

SSPT Reclassification Recommendation Form For EL's Not Meeting Grade/Progress Report Mark Requirements Grades 6 – 9

The Student Support and Progress Team (SSPT) has reviewed all required documentation and discussed the linguistic and academic strengths/needs of the student listed below.

REVISED 8/13/15

School:	School Code:	LD:	Date:	School Phone #		
Student Name:		Student ID:	Grade:	School Fax #		
MP Program:	CELDT Date:	CELDT Overall Score: (ELD LEVEL)	CELDT Listening:	CELDT Speaking:	CELDT Reading:	CELDT Writing:

*Individual student CELDT scores must be attached to this form.

Reason for Reclassification:

ELA Report Card Marks* Elementary

Listening:	Speaking:	Reading:	Writing:
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*Individual student Report Card Marks must be attached to this form.

English/LTEL Course Report Card Marks* Secondary

English Course:	LTEL Course:
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*Individual student Report Card Marks must be attached to this form.

Scholastic Reading Inventory*

Date:	Score:	Proficiency Level:
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*Individual student Scholastic Reading Inventory report must be attached to this form.

6 – 9 Grade Data/Student Evidence*

Other Measure/ Student Work*	Score/Results	Standards/Skills mastered	Comments

*Student data/evidence must be attached.

For a 6 – 9 grade student: Student has met all reclassification criteria except Report Card grade. Upon review of additional student data, it is our recommendation to reclassify the student and change the language classification from Limited English Proficient (LEP) to Reclassified Fluent English Proficient (RFEP).

SSPT Designee Signature:	SSPT Date:	Principal Signature:	MMED Signature:
Print Name:		Print Name:	Reclassification Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Attach student evidence listed above and send via school mail to:
Local District EL Program Coordinator, Subject Line: Reclassification



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT H-5



Multilingual and Multicultural Education
Department

SSPT Reclassification Recommendation Form For EL's Not Meeting Grade/Progress Report Mark Requirements Grades 10 – 12

The Student Support and Progress Team (SSPT) has reviewed all required documentation and discussed the linguistic and academic strengths/needs of the student listed below.

REVISED 8/13/15

School:		School Code:		LD:	Date:	School Phone #
Student Name:				Student ID:	Grade:	School Fax #
MP Program:	CELDT Date:	CELDT Overall (ELD LEVEL) Score:	CELDT Listening:	CELDT Speaking:	CELDT Reading:	CELDT Writing:

*Individual student CELDT scores must be attached to this form.

Reason for Reclassification:

English/LTEL Course Report Card Marks*

English Course:

LTEL Course:

*Individual student Report Card Marks must be attached to this form.

10 – 12 Grade CAHSEE ELA*		Scholastic Reading Inventory*		
Check Result:		Date:	Score:	Proficiency Level:
PASSED	NOT PASSED			

* Individual student CAHSEE and/or SRI report must be attached to this form.

10 - 12 Grade Data/Student Evidence*

Other Measure/ Student Work*	Score/Results	Standards/Skills mastered	Comments

*Student data/evidence must be attached.

For a 10 – 12 grade student: Student has met all reclassification criteria except Report Card grade. Upon review of additional student data, it is our recommendation to reclassify the student and change the language classification from Limited English Proficient (LEP) to Reclassified Fluent English Proficient (RFEP).

SSPT Designee Signature:	SSPT Date:	Principal Signature:	MMED Signature:
Print Name:		Print Name:	Reclassification Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Attach student evidence listed above and send via school mail to:
Local District EL Program Coordinator, Subject Line: Reclassification



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN



Multilingual and Multicultural Education Department SSPT Reclassification Recommendation Elementary Reclassification Check List

ATTACHMENT I - 1

Fax documents to your Local District EL Programs Coordinator.

Student Name:	ID #	Grade:
School:	Local District:	
Required Documentation	Questions/Concerns/Notes	
<input type="checkbox"/> SSPT Reclassification Recommendation Form		
<input type="checkbox"/> SSPT Sign-In (Attachment D)		
<input type="checkbox"/> SSPT Reclassification Meeting Form (Attachment J-2)		
<input type="checkbox"/> SSPT Follow-Up Meeting Form (if applicable) (Attachment K)		
<input type="checkbox"/> CELDT Copy of Individual Student Report		
<input type="checkbox"/> DIBELS Copy of Individual Student Report		
<input type="checkbox"/> Progress Report Card Marks Copy of Individual Student Report		
<input type="checkbox"/> Required Signatures <input type="checkbox"/> Principal <input type="checkbox"/> SSPT Designee <input type="checkbox"/> SSPT Team Members		



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN



Multilingual and Multicultural Education Department SSPT Reclassification Recommendation Secondary Reclassification Check List

ATTACHMENT I - 2

Fax documents to your Local District EL Programs Coordinator.

Student Name:	ID #	Grade:
School:	Local District:	
Required Documentation	Questions/Concerns/Notes	
<input type="checkbox"/> SSPT Reclassification Recommendation Form		
<input type="checkbox"/> SSPT Sign-In (Attachment D)		
<input type="checkbox"/> SSPT Reclassification Meeting Form (Attachment J-2)		
<input type="checkbox"/> SSPT Follow-Up Meeting Form (if applicable) (Attachment K)		
<input type="checkbox"/> CELDT Copy of Individual Student Report		
<input type="checkbox"/> SRI or CAHSEE Copy of Individual Student Report		
<input type="checkbox"/> Report Card Marks Copy of Individual Student Report		
<input type="checkbox"/> Required Signatures <input type="checkbox"/> Principal <input type="checkbox"/> SSPT Designee <input type="checkbox"/> SSPT Team Members		



Student Support and Progress Team Student Intervention Plan

Student Name:	Grade:
Person Referring to SSPT:	Date of Initial Meeting:
EL Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	EL Level:

Goal Statement: What specifically do you want the student to learn or be able to do? *In order of priority, list the specific skills or behaviors.*

Priority Goal 1:		
Expected:	Current/Baseline:	Target:
Priority Goal 2:		
Expected:	Current/Baseline:	Target:
Priority Goal 3:		
Expected:	Current/Baseline:	Target:

Indicate Tiered Instruction: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

1 of 2



G o a l	Intervention Description (Program, strategies, duration and frequency, etc.)	What specific academic, linguistic or behavior data will be collected? (Words read per minute, # of times out of seat, etc)	When, during the day, will the data be collected? (Ex. Guided reading group, recess, etc)	How often will the data be collected and recorded? (daily, weekly)	Who will collect the data?	Where will the data be collected? (Classroom, Playground, Cafeteria, etc)
1						
2						
3						

Assigned Case Manager:**How often will Case Manager follow up with teacher?**

1st Follow-up SSPT meeting date:2nd Follow-up SSPT meeting date:3rd Follow-up SSPT meeting date:



Student Support and Progress Team: Reclassification Meeting Form

Student:	CELDT Level:	Student ID:	Age:	Grade:	Teacher/Room#/Track:	Meeting Date:
Strengths (based on referral form and accompanying data):			Areas of Concern (based on referral form and accompanying data)			
Questions:			Additional Information:			
Reclassification Recommendation by the SSPT (check one below):						
<input type="checkbox"/> Student is recommended for reclassification. (Please complete Suggested Instructional Supports and Strategies and Follow-Up Plan below.)					<input type="checkbox"/> Student is not recommended for reclassification.	
Suggested Instructional Supports and Strategies (Explain how the student will be supported after or towards reclassification.):					<i>Please complete Student Intervention Plan and attach it to the meeting form.</i>	
Follow-Up Plan (Who will support the student, how often will supports be provided, and how will progress be measured?):						
Assigned Case Manager: _____ How often will Case Manager follow up with teacher/support provider? _____						
The SSPT members who have signed below participated in the reclassification review: Administrator _____ Teacher _____ EL Designee _____ Parent/Guardian _____ Title III Coach _____ Other (include role) _____						



Student Support and Progress Team Follow-Up Meeting Notes

Student Name: _____ Student ID #: _____

School: _____ Local District: _____ Date: _____

SSPT Members Present at Meeting:

Name	Position/Relationship to Student
Name	Position/Relationship to Student
Name	Position/Relationship to Student
Name	Position/Relationship to Student
Name	Position/Relationship to Student

Tiered Instruction: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

Progress:

Priority Goal #1: Response to Intervention:

Progress as indicated by data collection:

Priority Goal #2: Response to Intervention:



Progress as indicated by data collection:

Priority Goal #3: Response to Intervention:

Progress as indicated by data collection:

Additional Support Needed for Teacher or Student:

Evidence Shows:

1. ____ Student is making progress, continue the interventions as outlined in the Intervention Plan.
2. ____ Modify the intervention (i.e., goals, strategy, program, grouping, duration, frequency, etc.)
3. ____ Adjust the level of tiered support, based on student outcome data.
4. ____ Review and consider a Section 504 Plan.
5. ____ Student is being recommended for reclassification.
6. ____ Exit the SSPT Process and make data-based decisions regarding educational needs and next steps.

Was the student recommended to move to a new tier? Yes ____ No ____

Indicate newly recommended tier: ☐ Tier 1 ☐ Tier 2 ☐ Tier 3

Next SSPT Follow-up Meeting Date/Time: _____