



Santa Barbara Unified School District

720 Santa Barbara Street, Santa Barbara, CA 93101 Phone 805-963-4338, TDD 805-966-7734, Fax 805-963-1877
www.sbsdk12.org

Reclassification Form

Student's name: _____ Date of birth: _____
 Identification number: _____ School: _____
 Meeting date: _____ Grade: _____

Assessments			
Assessment	Date	Score	Required Score
CA Standards Test (CST)			365 or higher 350 (Proficient) or higher in E/LA for two consecutive years
RLA CAHSEE (Secondary only)			Passing
CELDT Overall Proficiency			4 or 5 for two consecutive years
CELDT – Listening			4 or 5 for two consecutive years
CELDT – Speaking			4 or 5 for two consecutive years
CELDT – Reading			4 or 5 for two consecutive years
CELDT – Writing			4 or 5 for two consecutive years
School Performance			
Subject	Date	Score	Required Score
English			Elementary: Basic score; Secondary: No D/F's
Math			Elementary: Basic score; Secondary: No D/F's
Social Studies			Elementary: N/A; Secondary: No D/F's
Science			Elementary: N/A; Secondary: No D/F's
Reclassification Committee Recommendation			
			Yes No
Recommendation: The student has acquired sufficient English language fluency and sufficient academic skills to succeed in an English-only program.			
Action Taken: The student's performance scores meet the District's reclassification criteria.			
Comments			
Reclassification Committee			
Name/Position: _____			
Name/Position: _____			
Name/Position: _____			
Name/Position: _____			
Name/Position: _____			

Parent signature: _____ Date: _____
 Parent signature: _____ Date: _____