



Title III – Administrative Manual

LEP to FLEP Reclassification Meeting

Student Name: _____ Date: _____

Assessment/Data	Student Score/Comments	District Score Required to Exit from the Program	Student Met Benchmark	
			Yes	No
ACCESS Performance: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Score Listening: Speaking Reading: Writing: </div> <div style="text-align: center;"> Proficiency Level Listening: Speaking Reading: Writing: </div> </div>				
MKEA (Kindergarten only)				
MCAS ELA				
MCAS Math				
DRA				
Student Report Card				
Other				

Reclassification Team Recommendation and Rationale:

Comments:

Team Member Signature:

_____ Classroom Teacher

_____ ESL Teacher

_____ Principal

_____ Parent (if present)

_____ Other