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):

☐ ***Student is recommended for reclassification.***
(Please complete **Suggested Instructional Supports and Strategies** and **Follow-Up Plan** below.)

Suggested Instructional Supports and Strategies (Explain how the student will be supported after or towards reclassification.)**:**

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? _____

☐ ***Student is not recommended for reclassification.***

Please complete Student Intervention Plan and attach it to the meeting form.

The SSPT members who have signed below participated in the reclassification review:

Administrator _____ Teacher _____ EL Designee _____

Parent/Guardian _____ Title III Coach _____

Other (include role) _____