

GRANITE SCHOOL DISTRICT
EXITING FORM
ALTERNATIVE LANGUAGE PROGRAM
RECLASSIFICATION OF STUDENT TO ENGLISH PROFICIENT

School Name _____

Date _____

STUDENT INFORMATION

Last Name _____ First Name _____ Initial _____

Student Number Grade Date of Birth

UALPA TESTING DATE

*Completed 2 years of monitoring after student received **ADVANCED** proficiency level and a 3 or 4 on the Language Arts CRT*

Scaled Score _____ Date _____

TEACHER – COUNSELOR EVALUATION / SUMMARY

After 2 years of monitoring, the student is able to compete on grade level and has received a 3 or 4 on the Language Arts CRT.

G.P.A. _____ Current CRT Scores:
Language Arts Mastery _____ Date _____
Math Mastery _____ Date _____
Science Mastery _____ Date _____

Comments: _____

PARENT CONSULTATION

Date contacted: _____ Contacted by: _____

Comments: _____

ASSESSMENT TEAM RECOMMENDATION

Comments: _____

Signatures:

ALP Lead Teacher _____ Date _____

English/Lang. Arts Teacher _____ Date _____

Principal _____ Date _____

Other _____ Date _____

Copy Distribution:
Original Copy Student Documentation File
Copy Department of Educational Equity
Copy ALP Lead Teacher