

# EL All-English Identification or Reidentification Form



**OKLAHOMA**  
Education

An LEA wishing to screen a student with an all-English Home Language Survey (HLS) or to reidentify a student that has previously scored proficient on the WIDA ACCESS or Screener or exited via the ELP Band Committee Exit Request must complete this form, attach it to the student’s HLS, and keep a copy in the student’s cumulative folder.

A student with an all-English HLS or a former English Learner can struggle in a mainstream classroom due to a noticeable language barrier. In such instances, best practice dictates that educators:

- Analyze existing student assessment data,
- Have documented conversations with students and parents regarding language proficiency, and
- Implement and document various forms of classroom interventions and the results of those interventions.

Based on the outcomes of these practices, it is at district discretion to recommend a student for English language proficiency screening regardless of all-English HLS responses, proficient scores on the WIDA ACCESS or Screener, or ELP Band Committee Exit Request.

<b>Student Name:</b>	<b>State Testing Number:</b>	<b>Current Student Grade:</b>
<b>ELA Teacher Name:</b>	<b>District:</b>	<b>School:</b>

## 1. Qualifying State Assessment Score (Please note, a student cannot qualify for EL All-English Identification or Reidentification if the student has an OSTP ELA score of Proficient or Above or has CCRA ELA sub scores at or above the 35th percentile.)

<b>Assessment Name:</b>			
<b>Assessment Date:</b>		<b>Score:</b>	

## 2. Norm-Referenced ELA Score (if no OSTP & CCRA assessment)

<b>NRT ELA Score:</b>		<b>NRT Date:</b>	
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<b>NRT ELA Score:</b>		<b>NRT Date:</b>	
<b>NRT ELA Score:</b>		<b>NRT Date:</b>	

**3. Student ELA Grades (Spelling, Vocabulary, Reading, Writing, and English)**  
**Attach current report card.**

**4. WIDA ACCESS Composite Scale Score (if applicable)**

<b>Assessment Name:</b>			
<b>Assessment Date:</b>		<b>Composite Score:</b>	

**WIDA Screener Score (if applicable)**

<b>Assessment Name:</b>			
<b>Assessment Date:</b>		<b>Composite Score:</b>	

**ELP Band Committee Exit Request (if applicable)**

<b>Date Request Was Granted:</b>	
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**5. Parent Conference**

<b>Name of Parent/Guardian:</b>		<b>Date:</b>	
<b>Summary of Conference:</b>			

6. ELA Teacher Recommendation (Reasons for recommending ELP screening and a description of interventions provided from [Oklahoma Tiered Intervention System of Supports](#) and the results of those interventions.)

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Special Education Representative Recommendation (if applicable) (Reasons for recommending ELP screening and a description of interventions provided from [Oklahoma Tiered Intervention System of Supports](#) and the results of those interventions.)

Name of Special Education Representative:	
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LEA Staff Signatures	
Committee Meeting Date:	
EL Representative:	
Special Education Representative:	
ELA Teacher:	
Site Administrator:	
Other Participating Staff:	
Other Participating Staff:	