

Los Angeles Unified School District
LTEL Student Goal Sheet
Secondary

Student's Name: _____

Date: _____

Student ID: _____

Grade: _____

Language Status: Limited English Proficient (LEP)/English Learner (EL) English Learner Years: _____

Program Placement: _____ ELA Teacher: _____ LTEL Teacher: _____

Reclassification Criteria:

- Overall score of 4 or 5 on the CELDT (nothing less than a 3 on a domain)
- Basic or higher on the SRI (6th-9th grade) OR Passing Score on CAHSEE-ELA (10th-12th grade)
- Grade of "C" or better in grade-level English Language Arts or LTEL class

Reclassification Criteria	My current score or grade	What I still need	I've met this goal ✓
CELDT			
SRI or CAHSEE-ELA			
ELA/LTEL Course Grade			

I commit to the following actions to ensure that I reclassify:

The following people can support me to be successful with my commitments:

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

LTEL Designee Name: _____

LTEL Designee Signature: _____

Date: _____

** This Student Goal Sheet is not to be used with LTELs who have an IEP**

Copy to:

- Parent
- Student
- Teacher(s) - ELA/LTEL
- Master Plan Folder

Meeting Attempts:

Date 1: _____

Date 2: _____

Date 3: _____