



**King Philip Regional School District**  
**English Language Learner Program**

**Reclassification / Change of Program Meeting Form**

**School:** Middle School / High School

Student's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Include comments and data that determine change of program or reclassification decision.

English Language Instructional Program Recommended:

\_\_\_\_\_  
ESL Director- Mrs. Roseann Costello

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ESL teacher (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date