

**Request to Change LEP Status, ELD, or ELE Program Code**

<b>Please fill in relevant information about the student whose LEP status, ELD level, or program code needs correction:</b>				
<b>Request to change (mark all that apply):</b>				
<b>LEP Status Change --&gt;</b>	<input type="checkbox"/> "L" = LEP <input type="checkbox"/> "N" = Never LEP <input type="checkbox"/> "F" = FLEP		<b>ELD Level --&gt;</b>	Correct ELD Level = _____
<b>First Language --&gt;</b>	New First Language (if applicable) _____		<b>Program Code --&gt;</b>	<input type="checkbox"/> SEI ___ <input type="checkbox"/> Two-Way ___ <input type="checkbox"/> REG Program start date _____
<b>Current Student Information from BPS Information Systems (provide all information applicable to the change requested):</b>				
<b>Basic Student Information (Aspen SIS)</b>	<b>Name</b> (first & last name of student)		<b>School</b> (Name and 4-digit ID number)	
	<b>Student No</b> (6 digit BPS ID)		Homeroom (for elementary students)	
	<b>Date of Birth</b>		<b>Current Grade Level</b>	
	<b>Age</b>		<b>SN Code</b>	
<b>Educational Program Data (Aspen SIS)</b>	<b>Current LEP Status</b>		<b>Current ELD Level</b>	
	LEP Date		ELD Date	
	FLEP Date		<b>Current SEI/TW/TBE Code</b>	
<b>Student Assessment Data (Aspen SIS, BPS Data Warehouse-NACC Testing Data)</b>	<b>PreLAS proficiency Level</b>		<b>LAS proficiency level</b>	
	Most recent ACCESS date		LAS or PreLAS date (May need to contact NACC)	
	Most recent ACCESS Level		ELA MCAS Year	
	ACCESS SS		ELA MCAS	
	ACCESS Reading		(proficiency level)	
	ACCESS Writing		Math MCAS Year	
	ACCESS Listening		Math MCAS	
ACCESS Speaking		(proficiency level)		
<b>Enrollment Data (Aspen SIS)</b>	<b>BPS Entrance Date</b>		<b>Current First Language (If English, please change in "New First Language" field at top of form)</b>	
	<b>Current HLS Score</b>			
<b>Rationale for change &amp; list of attached documents</b>				
<b>Institutional Information</b>				
School ID # (4-digit code)	Staff Person Requesting Change	Name of Principal/Headmaster	Principal/Headmaster Signature	Date
When completed fax (617-635-8332) to the OELL Network Liaison responsible for your school. If you have not heard back regarding the student in one week, please follow up with the ADSS. * Please note that submitting this form will not guarantee that the student's data is changed. Appropriate and accurate evidence to support the change must be provided on the form, which will be vetted by OELL staff.				
<b>Outcome of OELL Investigation</b>				
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Updated HLS Score (if applicable) -->			
Signature of OELL Staff and Date -->		OELL rationale for decision -->		