

Student with Interrupted Former Education (SIFE) Change of Status Form

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| Please fill in relevant information about the student whose SIFE status needs correction: | | | | |
| Request to change (mark all that apply): | | | | |
| LEP Status Change --> | <input type="checkbox"/> "L" = LEP | SIFE Status --> | <input type="checkbox"/> Change to "HILT 1" | <input type="checkbox"/> Change to "Refused SIFE" |
| First Language --> | New First Language (if applicable) _____ | | <input type="checkbox"/> Change to "HILT 2" | <input type="checkbox"/> Change to "Over Identified SIFE" |
| | | <input type="checkbox"/> Change to "Former SIFE" | | |
| ELD Level --> | Correct ELD Level = _____ | Program Code --> | Change to SEI Program: <input type="checkbox"/> BLS <input type="checkbox"/> BLH <input type="checkbox"/> BLK <input type="checkbox"/> BLC <input type="checkbox"/> BLV <input type="checkbox"/> BLM Change to SIFE Program: <input type="checkbox"/> BIS <input type="checkbox"/> BIH <input type="checkbox"/> BIK <input type="checkbox"/> BIM Program start date: _____ | |
| School --> | Transfer to school with SIFE program: School Name _____ School ID Number _____ | | | |
| Basic Student Information (Aspen SIS) | Name (first & last name of student) | | School (Name and 4-digit ID number) | |
| | Student No (6 digit BPS ID) | | Homeroom (for elementary students) | |
| | Date of Birth | | Current Grade Level | |
| | Age | | SN Code | |
| SIFE Program Data (Aspen SIS, BPS Data Warehouse>NACC Testing Data) | Current LEP Status | | Current SIFE Status | |
| | LEP Date | | SIFE Entry Date | |
| | Current ELD Level | | Current SIFE Date | |
| | ELD Date | | Current Program Code (BLS, BIS, BIK, BLC, etc.) | |
| | Interrupted schooling? (yes/no) | | Overall NL Literacy Level | |
| Student Assessment Data (Aspen SIS, BPS Data Warehouse>NACC Testing Data) | LAS proficiency level | | LAS or PreLAS date (May need to contact NACC) | |
| | Most recent ACCESS date | | ELA MCAS Year | |
| | Most recent ACCESS Level | | ELA MCAS (proficiency level) | |
| | ACCESS SS | | Math MCAS Year | |
| | ACCESS Reading | | Math MCAS (proficiency level) | |
| | ACCESS Writing | | | |
| | ACCESS Listening | | | |
| | ACCESS Speaking | | | |
| BPS Enrollment Data (Aspen SIS) | BPS Entrance Date | | Current First Language (If English, please change in "New First Language" field at top of form) | |
| | Current HLS Score | | | |
| Rationale for change & list of attached documents (i.e. NACC test results, letter from parents, letter from teacher, etc.) | | | | |
| Institutional Information | | | | |
| 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. | | | | |
| Outcome of OELL Investigation | | | | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> | Updated HLS Score (if applicable) --> | | | |
| Signature of OELL Staff and Date --> | | OELL rationale for decision --> | | |