Ann Arbor Public Schools

Reclassification Determination & Student Achievement Plan

Student Name: _____ Age: _____

Date of Birth: _____ Current Grade: _____

Guardian's Signature: _____ Relationship: _____

Date Form Submitted: _____ School: _____

Disposition of Request for Reclassification

- ❑ Remain in current level class with modification as noted
- ❑ Remain primarily in current level class with specific options as noted below
- ❑ Accelerate to a different level class as described below.

Person responsible for monitoring this plan will be: _____

Differentiation Plan: (Specifically identify ways in which the student's achievement needs will be addressed.

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