# Multilingual Learner (ML): Out of Progression Form

Sequence Change Exception Request Supporting Documentation

## Overview

This form is used as supporting documentation when a student with 2+ years of reported ML history in Colorado has a ML coding change that does not align with Colorado’s standardized ML coding progression.

More information regarding ML programming and ML Coding can be found on the following sites:

* [English Language Development Program Requirements Site](https://www.cde.state.co.us/cde_english/eldrequirements)
* [Student Interchange Site](https://www.cde.state.co.us/datapipeline/inter_student) à Multilingual Learner Coding Guide (PDF)

### Data Collection Reminders:

* Once a data collection is closed/finalized, the data cannot be altered.
* ML data follows an annual cycle with Student October as the starting point for each reporting year with the student’s coding expected to remain the same throughout the school year, updating the following Student October according to CO’s standardized ML progression. Data validation checks are based on this cycle.
	+ Student Demographic file ML data validation checks compare the prior year Student October ML coding to the current ML coding on the DEM file.
	+ Spring student snapshot (Student End of Year, Attendance, etc.) ML data validation checks compare the current year Student October ML coding to the current year spring collection coding.
	+ If a progression change is approved mid-year (after Student October), the LEA is responsible for requesting any necessary follow-up ML coding exceptions in the subsequent school year during the Student October collection to fully implement the approved sequence change.

## Instructions

1. Complete all required and applicable sections of this form.
	* Note: CDE staff will complete the CDE internal review section on the final page of the form.
2. Upload the form and any necessary attachments to the LEA’s ***Student*** Syncplicity folder.
	* Syncplicity folder name includes **District Code – District Name – Student**
3. Email the student collection inbox as shown below, based on the time of year and open collections.
	* July through December (current year): StudentOctober@cde.state.co.us
	* January (current year) through December (following year): StudentEndOfYear@cde.state.co.us

## Request Form Information

### Student Information (required)

* School Year: Enter 8-digit School Year (e.g., 2025-2026)
* Student Full Name: Enter Student’s Full Name
* SASID: Enter 10-digit SASID
* LEA/District: Select LEA
* School Code/Name: Enter 4-digit School Code and School Name
* Grade Level: Select Grade Level

### LEA ML History Coding Review (required)

LEAs may need to utilize CEDAR/COGNOS reports to review a student’s ML History to complete the coding review portion of this request. Enter ‘no reporting history’ into the school year field and leave the other fields blank when none is available.

#### Prior School Year October

* School Year: Enter 8-digit year
* Reporting LEA: Select LEA
* Language Proficiency: Select Language Proficiency
* Language Background: Enter 3-character Language Background Code
* Language Instruction Program: Select Language Instruction Program

#### Current School Year October

* School Year: Enter 8-digit year
* Reporting LEA: Select LEA
* Language Proficiency: Select Language Proficiency
* Language Background: Enter 3-character Language Background Code
* Language Instruction Program: Select Language Instruction Program

#### LEA’s Requested Change (Current DEM file)

* Language Proficiency: Select Language Proficiency
* Language Background: Enter 3-character Language Background Code
* Language Instruction Program: Select Language Instruction Program

#### Additional Notes Regarding ML History

**Optional:** Click or tap here to enter additional details regarding this student’s ML Reporting History upon review of COGNOS/CEDAR reports and local documentation.

### Standardized Assessment History Review (required)

LEAs may need to utilize CEDAR/COGNOS reports to review the student’s prior-year ELP assessment scores (if available) or enter scores based upon locally acquired documentation or Body of Evidence (BOE). Enter ‘no assessment history’ when none is available.

#### Most Recent ACCESS scores

* + School Year Assessed: Enter 8-digit year
	+ Assessment Format: Select Assessment Format
	+ Overall Composite Score: Enter Score (0.0 format)
	+ Literacy Composite Score: Enter Score (0.0 format)

#### Most Recent SCREENER scores

* + School Year Assessed: Enter 8-digit year
	+ Assessment Format: Select Assessment Format
	+ Overall Composite Score: Enter Score (0.0 format)
	+ Literacy Composite Score: Enter Score (0.0 format)

#### Additional Notes Regarding Assessments

**Optional:** Click or tap here to enter additional details regarding this student’s standardized assessment history/assessment body of evidence.

### Request Details (required)

#### Request Type

*Request type:*Select request type

#### Additional Details

Click or tap here to enter additional details regarding your LEA’s decision-making process for this ML sequence change and **body of evidence supporting this decision**.

If applicable, indicate the additional learning needs that impact the student’s academic performance for which an educational team has determined that language **is not the root cause** of the student’s learning needs (e.g., IEP/504)

If this request is due to a clerical or process error, outline LEA’s plan to prevent this type of error in the future.

### HLS Information (if applicable)

**Changes due to clerical errors:** Not required.

**All other situations:** Attach a copy of the Home Language Survey (HLS) signed by parents (include any previous HLS and the current HLS). A student cannot be identified/unidentified as ML solely based on responses indicated on the HLS, refer to [CO Standardized Procedures](https://www.cde.state.co.us/cde_english/eldrequirements) to evaluate ELP assessment scores and body of evidence.

### Parent Acknowledgement (if applicable)

**Changes due to clerical errors:** Not required.

**All other situations:** Attach a copy of document signed by parent acknowledging that student has not met the state criteria on ELP assessment (s) for demonstrating proficiency and they understand that the student will no longer be enrolled in ELD instruction.

### Signatures

Enter Building ML Educator Signature/Name **/** Select Date

Building ML Educator / Date

Enter District ML Coordinator Signature/Name **/** Select Date

District ML Coordinator / Date

## CDE Internal Review

### Historical ML Coding (Student Collection Lead Review)

Enter CDE Data Team Historical ML Coding Review

### CLDE Office Review

#### **Date:**

Review Date

#### Recommendation:

Select Recommendation

#### Notes/Questions:

Click or tap here to enter notes or questions regarding this request.