Arizona Department of Education logo with Assessments Unit identified


# AZELLA Placement Test Referral Form

# Moving from EL Program Services to Mainstream – Start of School Year

This form should be used for a student (Grades 1–12 current enrollment) whose most recent AZELLA test was administered during the prior school year, has an Overall Proficiency Level of Intermediate, completed a 2024 summer school class/course, and qualifies for re-administration of the AZELLA Placement Test with the **intention of demonstrating proficiency** and moving into a mainstream classroom at the **Start of the School Year**. Parental permission/notification before administering the AZELLA Placement Test in this circumstance is **not** required.

This referral form must be sent to the Arizona Department of Education’s **Assessments AZELLA Team** at [AZELLA@azed.gov](mailto:AZELLA@azed.gov) within the first calendar week from the student's **first** school enrollment date and prior to testing the student. If approved by ADE, the student must be administered and complete a new AZELLA Placement Test within one calendar week from ADE’s approval date.

A student who is enrolled in EL Program Services as a Parent Withdrawn EL is **Not Eligible** for this retesting opportunity because the student is already placed in a mainstream classroom.

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade (1-12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# 2024 ELA or EL with Targeted Instruction Summer School Class/Course

The student must have completed a 2024 summer school English Language Arts (ELA) class or an EL specific class with targeted instruction.

🞏 Student performed comparably to English-only peers for the summer school English Language Arts class.

🞏 Student completed an EL specific class with targeted instruction.

Summer School Course/Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Course/Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Student’s 2023-2024 School Year AZELLA Test Record Results

**Test Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be the most recent AZELLA test record dated from the prior school year)

Overall Proficiency Level (OPL) must be **Intermediate.**

The **proficiency levels** for the domains listed below must be either Intermediate or Proficient. The scaled **AZELLA domain scores must be 247 or higher.**

**Reading**: **Writing: Listening: Speaking:**

🞏 Intermediate 🞏 Intermediate 🞏 Intermediate 🞏 Intermediate

🞏 Proficient 🞏 Proficient 🞏 Proficient 🞏 Proficient

Scaled Score \_\_\_\_\_\_\_ Scaled Score \_\_\_\_\_\_\_ Scaled Score \_\_\_\_\_\_\_ Scaled Score \_\_\_\_\_\_\_

A thorough and explicit justification, including prior school year end-of-year assessment information usingclassroom or school-wide, district-wide, and state-wide English Language Arts (ELA) assessments must be provided to refer this student for re-administration of the AZELLA Placement Test.

2024 Statewide Achievement (Grades 3-8) ELA result: Scale Score \_\_\_\_\_\_\_\_\_\_\_\_ Proficiency Level \_\_\_\_\_\_\_\_\_\_

2024 Statewide ACT Aspire (Grade 9) or ACT (Grade 11): ELA Score \_\_\_\_\_\_\_\_\_\_\_\_

# 2023-2024 School Year ELA and Reading Data:

End-of-year Student’s School Report Card Grade: English Language Arts \_\_\_\_\_\_\_\_ Reading \_\_\_\_\_\_\_\_

End-of-year (last quarter) **District** ELA/Reading assessment data:

Date: \_\_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ELA District Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading District Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End-of-year (last quarter) **Class/School** ELA/Reading assessment data:

Date: \_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ELA School/Class Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading School/Class Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other assessment data:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification (narrative) for referral: (do not duplicate assessment details provided in this form)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Required Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Referring Teacher Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of District EL Coordinator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AZELLA District Test Coordinator Date

If the student attains an Overall Proficiency Level of **Proficient** on this new re-administration of the AZELLA Placement Test, the student shall be Reclassified Fluent English Proficient (RFEP) and transferred to a mainstream classroom at the first appropriate opportunity. This student will begin the Fluent English Proficient (FEP1) Monitoring year one (FEP1). The AZELLA tests may not be used after the student’s RFEP status. FEP Monitoring information is through the Office of English Language Acquisition Services (OELAS). For questions regarding this form, please contact the Arizona Department of Education’s **Assessments AZELLA Team** ([AZELLA@azed.gov](mailto:AZELLA@azed.gov)).This referral form must be submitted to the Arizona Department of Education’s **Assessments AZELLA Team** at [AZELLA@azed.gov](mailto:AZELLA@azed.gov) for approval prior to administering a new Placement Test.

# ADE Use Only

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

🞏 Approved – Student must complete a new AZELLA Placement Test no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Resubmit with requested additional information no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Denied

Additional information requested for resubmission:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional information received from AZELLA DTC on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

🞏 Approved after additional information received.

– Student must complete a new AZELLA Placement Test no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

🞏 Denied after additional information received.

Reason for denial:

🞏 Not the student’s first school enrollment for the 2024-2025 school year; request was not submitted within the specified timeframe.

🞏 The student did not complete a 2024 Summer school ELA or EL with targeted instruction class.

🞏 Student does not have a 2023-2024 AZELLA test record.

🞏 The AZELLA scale scores and proficiency levels are not as required.

🞏 Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**After ADE’s response, please place this completed form in the student’s cumulative file.**