



ASSESSMENTS

AZELLA Placement Test Referral Form Moving from Mainstream to EL Program Services

This form should be used for a Grade 1–12 student whose current academic placement is in a mainstream classroom and *Not Eligible for EL Program Services*. The student being referred for EL Program Services has never been tested with an AZELLA Test due to an all-English or American Sign Language (ASL) Home Language Survey, or the student has already demonstrated an Overall Proficiency Level of Proficient on an AZELLA Test, or the student was previously enrolled in EL Program Services and Withdrawn due to SPED Criteria by the student’s IEP Team during Fiscal Year 2019 and earlier.

A parent conference and permission to administer an AZELLA Placement Test **is required**. If the parent(s) agree to their student being administered an AZELLA Placement Test, they **must also agree** to their student being placed into EL Program Services (SEI or DLI) if their student scores an Overall Proficiency Level of less than Proficient. The *Parent Request for Student Withdrawal from an English Learner Program* is not permitted.

Date _____ Student’s Name _____
SSID _____ Current Grade _____
District _____ School _____
Parent Conference Date _____

Check one:

- Student has all English or ASL responses (no other languages listed) on the Home Language Survey.
- Student was Reclassified Fluent English Proficient with his/her most recent AZELLA Test dated _____.
- Student was Withdrawn due to SPED Criteria on _____.

Provide evidence that the student is having difficulties in the classroom based on a lack of English language proficiency that cannot be adequately addressed with appropriate differentiated instruction in a mainstream classroom and/or other language support such as tutoring, before/after school compensatory instruction, etc. Such evidence should include **assessment information demonstrating** performance below the student’s English-only peers **using** classroom, school-wide, district-wide, and state-wide English Language Arts (ELA) and Reading tests, and/or documentation of interrupted schooling. For FEP students who are currently within their required 2 years of monitoring, the student’s 2-year monitoring form must be attached to this referral.

Prior School Year Statewide Results: ELA _____ Reading _____

Prior School Year (for start of school year) or Current School Year (if after the first quarter grades):

End-of-year Student’s School Report Card Grades: ELA _____ Reading _____

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

Date: _____ Result: _____ District ELA Test _____

Date: _____ Result: _____ District Reading Test _____

Other assessment data (name and date of ELA and Reading assessments with results):

Student is currently performing **BELOW** his/her English-only peers in the mainstream classroom.

Justification (narrative) for referral:

Signatures are required prior to administering the AZELLA Placement Test.

The AZELLA Placement Test must be administered and the parent(s) notified of the results within 2 calendar weeks from the date parent(s) signed this form.

As the parent(s)/guardian(s) of this student, we understand and agree to EL program services (SEI or DLI) when the results of the new AZELLA Placement Test are less than proficient. We acknowledge that the *Parent Request for Student Withdrawal from an English Learner Program* is not permitted.

Signature of Parent(s)/Guardian(s)

Date

Signature of Referring Teacher

Date

Signature of District EL Coordinator

Date

Signature of AZELLA District Test Coordinator

Date

(If applicable) Signature of Special Education Director or IEP Team Representative

Date

For questions regarding this form, please contact the Arizona Department of Education's **Assessments AZELLA Team** (AZELLA@azed.gov). This form must be made available to the Arizona Department of Education upon request.

Place this completed form in the student's cumulative file.