



ASSESSMENTS

AZELLA Placement Test Referral Form

English Learner Status Undetermined or Missed Prior Year ELP Reassessment Test

This form should be used for an English Learner (EL) student whose most recent AZELLA test was administered during the 2023-2024 school year and has an Eligibility Status of **EL Status Undetermined**. Or the student was scheduled to be administered a **Spring 2024 ELP Test** but was unable to be tested and has a completed **2023-2024 AZELLA Placement Test record dated between July 1, 2023, and December 31, 2023**. A new AZELLA Placement Test must be re-administered within the **first two calendar weeks** of the student's 2024-2025 school enrollment date to determine if this student is Eligible for EL Services. Parental permission/notification before re-administering the AZELLA Placement Test in this circumstance is **not** required.

A Kindergarten student repeating Kindergarten MAY NOT be administered the KPT again. The student's last completed AZELLA test record must be used for EL Services Eligibility for the current school year. If this Kindergarten student does not have any AZELLA records, please contact ADE's Assessment AZELLA Team at AZELLA@azed.gov.

Date _____ Student's Name _____

SSID _____ Current Grade _____

District _____ School _____

Undetermined AZELLA Test Date _____ OR

Was scheduled to complete a Spring 2024 ELP test (AZELLA Reassessment Test, Alt ELPA, or the Braille ELPA-21 Test) but was not tested and has a completed 2023-2024 AZELLA Placement Test record that is dated between July 1, 2023, and December 31, 2023.

New AZELLA Placement Test Results:

AZELLA Placement Test Date _____

Overall Proficiency Level:

- Pre-Emergent/Emergent Basic Intermediate Proficient

If the student attained an Overall Proficiency Level of **Proficient** on this new AZELLA Placement Test, the student shall be Reclassified Fluent English Proficient (RFEP) and transferred to a mainstream classroom at the first appropriate opportunity. This exit from EL services must be entered into your Student Information System and synchronized with AzEDS.

Signature of AZELLA District Test Coordinator _____

Date _____

For questions regarding this form, please contact the AZELLA Team at the Arizona Department of Education. AZELLA@azed.gov. This referral form must be made available to ADE upon request.

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