

Student Transferred with an EL Need

Spring 2025 AZELLA Reassessment Test

This form must be used for ALL GRADE LEVELS for the Spring 2025 AZELLA Reassessment Test.

All students with an EL need are required to be reassessed during the Spring AZELLA Reassessment window of January 27 through March 14, 2025. To ensure that students with an EL need who transfer schools during the Reassessment test window are **only completing the test once**, this form should be completed and given to the AZELLA District or School Test Coordinator within 24-48 hours of the student's school enrollment. After the Spring Reassessment test window closes, the District or School Test Coordinator should keep this form in a locked secure file for one calendar year for tracking and accountability purposes.

Current District:	Current School:
Student's: SSID number:	Grade level:
School Enrollment Date:/	/2025 Date of Birth (optional):/ 20/
Student's name (optional) First: _	Last:
Raview the student's FI 70 Report t	o obtain the following information:
	/ 20 Overall Proficiency Level (OPL):
Mark one (1) of the 4 follow	ing circumstances that applies to this student
	O Report and the student's Home Language Survey form, the student t. This student is not eligible to be administered the Spring Reassessment
	Report, the student had an OPL of Proficient on the most recent AZELLA d after the last AZELLA test record and is not eligible for any AZELLA
	btained from the prior school or from the student's EL70 Report, the ement Test after January 1, 2025 , and is not required to participate in the
dated during the 2023-2024 or the less than proficient. The previous so was administered and completed th	Report, a) the student has an EL need, b) the most recent AZELLA test is 2024-2025 school year before January 1, 2025, and c) the student's OPL is thool/district must be contacted immediately to determine if the student ne Spring 2025 AZELLA Reassessment Test in part or whole while attending call below and obtain responses to the questions on the next pages from
Previous District's Name:	
Previous School's Name:	
With whom, at the previous so	chool or district, did you speak with? Date of call:/2025
Name:	Title:



SSID:	Grade:
1.	Was the student registered in PearsonAccess next (PAN) by the previous district? \square Yes \square No
	If yes , complete questions below.
	If no , the current school is responsible for registering the student in PAN, assigning the appropriate test, adding the student to a test session(s), and administering the Reassessment Test. You may skip questions 2, 4, and 5. A Work Request should NOT be submitted through PAN.
2.	Did the student complete all 5 test units of the Spring 2025 AZELLA Reassessment Test at the previous school?
	If yes , Stop ! Enter the test completion date as provided by the previous school. Do not test this student again. Do not submit a Work Request in PAN. Skip the remaining questions. If no , complete next questions.
	Test Completion Date:/2025
3.	Which Units were completed at the student's prior school? Check all that apply.
	☐ Unit 1 ☐ Unit 2 ☐ Unit 3 ☐ Unit 4 ☐ Unit 5
	ALL GRADE LEVELS: The AZELLA DTC must submit a Work Request through PAN to transfer the test registration to the new school. The test units that were not completed at the previous school must be completed at the new school. Students that were assigned to a test session at their previous school must be moved out of the TRANSFER session and into a grade level appropriate test session(s) at the new school.
4.	For Kindergarten and Grade 1: All student paper test books (partially completed and completed) from each school must be submitted to Pearson for scanning and scoring with their own Scorable materials. The student's Pre-ID Label or the student demographics must be completed on the test book and the demographics MUST MATCH EXACTLY the demographics that are shown in PearsonAccess ^{next} or the test book will not be scored.
	Partially completed tests <u>MUST be reported to ADE at AZELLA@azed.gov</u> before 03/12/2025.
	Test book serial numbers are in blue box at the bottom of a test book page.
	Prior school's test book serial # FORM: \square A \square B
	New school's test book serial # FORM: \square A \square B
	When Unit 5 is completed at the new school. Date Unit 5 was completed: / 2025
	by (Test Administrator's first and last names):
5.	Did this student have an ADE approved Additional Accommodations Request (SPED)? \Box Yes \Box No
	If yes , the AZELLA DTC must contact ADE's AZELLA Team for additional information before testing the student.
Print	name of person completing this form: Date:/ 2025
Signa	ture: Title:
AZELI	LA DTC name:
AZELI	LA DTC Signature Date:/ 2025

This form must be kept in a locked secure file with the AZELLA District or School Test Coordinator for one calendar year.