



ASSESSMENTS

AZELLA Kindergarten Reassessment Test Referral Form

This form should be used for a **Kindergarten student** whose current academic placement is in a mainstream classroom and *Not Eligible for EL Services*.

Select one (1) reason for referring this student for AZELLA testing and EL services.

(1*) has never been tested with an AZELLA Test due to all-English or American Sign Language (ASL) responses on the Home Language Survey (HLS).

(2*) has already demonstrated an Overall Proficiency Level (OPL) of Proficient on the Kindergarten Placement Test (KPT) within the first weeks of their school enrollment. (Refer to (3) when KPT was administered after 60 days of instruction.)
IFEP KPT Test Date _____

(3) [60-Day Rule] has a language other than English or ASL as a response on the HLS, has received Kindergarten instruction for at least 60 cumulative instructional days of the current school year in any school in the USA, and demonstrated an Overall Proficiency Level (OPL) of Proficient on the Kindergarten Placement Test (KPT) when the KPT was administered **after** the 60 days of instruction. This option does not require a parent conference because the student’s HLS is the source.

KPT test results for students who have received 60 days or more of instruction prior to the administration of the KPT might yield an unreliable result resulting in under-identification of English learners. The U.S. Department of Justice describes conditions under which a school or state may violate the Equal Educational Opportunities Act (<https://www.justice.gov/crt/types-educational-opportunities-discrimination#:~:text=The%20Civil%20Rights%20Division%2C%20Educational,and%20institutions%20of%20higher%20education>) :

1. Fails to take steps to identify students who are not proficient in English.
2. Exits ELL students before the students acquire English proficiency from ELL services.

* (1 and 2) A parent conference and permission to administer the AZELLA Kindergarten Reassessment Test during the AZELLA Spring Reassessment Test window **is required**. Prior to testing, parents/guardians **must be informed** that their student will be placed into a Structured English Immersion (**SEI**) **program** during the 2024-2025 school year if he or she scores less than Proficient on the Reassessment Test, and that their student will require subsequent annual reassessment testing until they receive an OPL of Proficient. When parents/guardians agree to this AZELLA testing, they are also **agreeing to SEI or Dual Language Immersion (DLI) EL program services**. Parent Withdrawal is not permitted for these two scenarios. Parental signature is required prior to administering the AZELLA Kindergarten Reassessment Test.

Date _____ Student’s Name _____ SSID _____

District _____ School _____

*Referring Teacher _____ *Parent Conference Date _____

*Signature of Parent(s)/Guardian(s) Date

*Signature of Referring Teacher Date

Signature of District EL Coordinator or AZELLA District Test Coordinator Date

For questions regarding this form, please contact the AZELLA Team at the Arizona Department of Education. This referral form must be made available to ADE upon request. Place this completed form in the student’s cumulative file.