



Arizona Department of Education  
Office of English Language Acquisition Services

# English Language Learner Guide For Local Educational Agencies (LEA)

## A Guide to

- ✓ Identification
- ✓ Assessment
- ✓ Federal and State Compliance
- ✓ **Forms**
- ✓ SEI Models
- ✓ Title III
- ✓ Monitoring Protocol
- ✓ Frequently Asked Questions
- ✓ Glossary



**THIS FORM MAY NOT BE ALTERED**

- Form signed by parent/guardian must be placed in ELL/cumulative file.



**State of Arizona  
Department of Education  
Office of English Language Acquisition Services**

Located on OELAS website:

[www.azed.gov/english-language-learners/elps/forms](http://www.azed.gov/english-language-learners/elps/forms)

Available in Spanish

**Primary Home Language Other Than English (PHLOTE)  
Home Language Survey  
(Effective April 4, 2011)**

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. **What is the primary language used in the home regardless of the language spoken by the student?** \_\_\_\_\_
2. **What is the language most often spoken by the student?** \_\_\_\_\_
3. **What is the language that the student first acquired?** \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ SAIS ID \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

District or Charter \_\_\_\_\_

School \_\_\_\_\_

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Please provide a copy of the Home Language Survey to the ELL Coordinator/Main Contact on site.

In SAIS, please indicate the student's home or primary language.

**THIS FORM MAY NOT BE ALTERED**

- This form must be completed ANNUALLY within NCLB guidelines.
- Correct placement of services must be marked.
- Form signed by parent/guardian must be placed in ELL file. Document on copy three attempts to secure parent/guardian signature.



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**20\_\_ - 20\_\_ Parental Notification and Consent Form  
 for Student Placement in an English Language Learner (ELL) Program**

To the parent or guardian of \_\_\_\_\_  
 Last Name First Name M.I. SAIS ID  
 \_\_\_\_\_  
 Student I.D. School Grade

Your student's English proficiency has been measured using *the Arizona English Language Learner Assessment (AZELLA)*. The results of this assessment show that your student is at the "limited English proficiency" level, and qualifies for placement in a language instruction educational program.

English language learner programs adjust instruction to the student's strengths and needs. Instructional strategies, practices, and methods to help each student learn English and meet age appropriate academic standards are based upon scientific research. The expectations for the English language learners (ELLs) are to fully transition into mainstream classes, meet appropriate academic achievement standards for grade promotion, and to graduate from high school at the same rate as mainstream students. The teachers of special education ELLs will meet with the special education personnel to ensure that the objectives of the Individual Education Plans are incorporated into classroom instruction.

The status of your student's academic achievement is: (circle one) **below grade level** **at grade level** **above grade level**

Your child has been placed in one of the following:

- \_\_\_\_\_ Structured English Immersion Program\*
- \_\_\_\_\_ Mainstream Classroom (English Language Learner on Individual Language Learner Plan – ILLP)\*
- \_\_\_\_\_ Bilingual Education Program with required waiver\*

\*See the attached LEA program description as defined by A.R.S. § 15-751 through § 15-753.

Description includes methodology, content, instruction, goals, use of English and a native language in instruction, how the program will meet the educational strengths and needs of their student, and the rate of transition to mainstream classrooms.

A student must meet the following criteria in order to achieve English language proficiency and exit the program: a proficient Total Combined Score, a proficient score in the reading domain, and a proficient score in the writing domain. A.R.S. § 15-756.05

**Parents have the right to decline their student's enrollment in or to have their student immediately removed from an ELL program.**

If you would like more information about the programs or instruction, or assistance in selecting a program, please contact your child's school.

\_\_\_\_\_  
 Signature of classroom teacher/language arts teacher Date

\_\_\_\_\_  
 Signature of parent or legal guardian Date

Parental Notification and Consent Forms must be sent home within 30 days of the beginning of each school year or within two weeks of a student registering during the school year. 20 U.S.C. § 7012(a)(d)

**This form should be placed in the student's cumulative folder.**

(Revised: July 2013)

- This sample form may be used or a form containing the same information may be created by the LEA.
- This form must be sent home when students are reclassified.
- A copy of this form must be placed in ELL file. Parent/guardian signature(s) are not required.



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**Notification of Reclassification**

Dear Parent/Guardian:

(Student Name) \_\_\_\_\_  
 was reassessed with the Arizona English Language Learner Assessment (AZELLA)  
 on \_\_\_\_\_ (Date).

He/She has obtained an "Overall Proficient Level" on the AZELLA. This means that he/she no longer needs ELL program services. While your child has attained fluent English proficient status, his/her academic progress will be monitored for the next two years.

If you have any questions or concerns, please contact:

\_\_\_\_\_  
 District/School Representative @ \_\_\_\_\_  
 Phone

\_\_\_\_\_  
 ELL Coordinator/Assessment Administrator Signature

\_\_\_\_\_  
 Date

Copy: Student's cumulative file

(Revised: May 2013)



**THIS FORM MAY NOT BE ALTERED**

- This form must be completed by the parent/guardian when removing their student from ELL services.
- Withdrawn students must be placed in a mainstream classroom.
- This form must be placed in ELL file.



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**Parent Request for Student Withdrawal from an English Language Learner Program**

Student Name \_\_\_\_\_ SAIS ID \_\_\_\_\_  
Last Name First Name M.I.

Student ID \_\_\_\_\_ Current School \_\_\_\_\_ Grade \_\_\_\_\_

As the parent or legal guardian of the above named student, I am exercising my right to request that my student be removed from his/her designated English Language Learner program (Structured English Immersion or Bilingual Education). I have discussed any alternative educational options with my student's teacher and/or principal and I am requesting that the student be placed in a mainstream, non-English Language Learner classroom. It is my belief that this course of instruction is better suited for my student's needs and therefore, I consent to a mainstream classroom placement. While I have withdrawn my child from English language services, I understand that his/her progress in English language acquisition will continue to be monitored and assessed with the language assessment (AZELLA) until he/she scores proficient.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Current *Arizona English Language Learner Assessment* Proficiency Levels:

Reading \_\_\_\_\_ Writing \_\_\_\_\_ Total Combined \_\_\_\_\_

By signing, I acknowledge that I have discussed the alternative educational options with the parent/legal guardian and I agree to place the student according to the parent/legal guardian's wishes.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

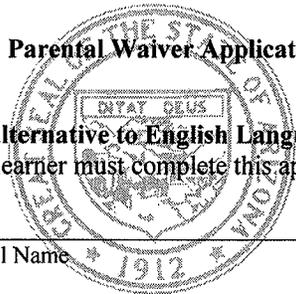
As provided by the No Child Left Behind Act [P.L. 107-110, Title III, Sec. 3302, (8) (A) (i and ii)].

(Revised: May 2013)

**THIS FORM MAY NOT BE ALTERED**

- This form is used to request a bilingual program.
- This form must be requested and completed annually.
- English language learner must qualify using appropriate waiver (1, 2 or 3).
- Form must be placed in ELL file.

**Parental Waiver Application**



Located on OELAS website:

[www.azed.gov/english-language-learners/elps/forms](http://www.azed.gov/english-language-learners/elps/forms)

**This form is used by parents to request an alternative to English Language Education, as specified in A.R.S. §15-753. Parents or legal guardians of an English learner must complete this application annually per A.R.S. §15-752.**

District Name \_\_\_\_\_

School Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Parent/Guardian Last Name		First Name	
Child's Last Name		First Name	Middle Initial
Address			
City	State <b>AZ</b>	Zip Code	
Native Language of Student	School year for which the waiver is requested		Grade

- I have personally visited my child's school.
- I have been provided with a full description of the educational materials to be used in the different educational program choices and all the educational opportunities available to my child.
- I am applying for a waiver to remove my child from an English language or Sheltered English Immersion classroom placement.

**Reason for waiver request (to be verified by school district):** The student has met at least one (1) of the three (3) circumstances for which a parental exception waiver may be applied (A.R.S. §15-753). At least one of the following circumstances must be checked:

- Waiver 1 (A.R.S. §15-753B.1) My child already knows English:** the child already possesses good English language skills, as measured by oral evaluation or standardized tests of English vocabulary comprehension, reading, and writing, in which the child scores approximately at or above the state average for his/her grade level or at or above the 5<sup>th</sup> grade average, whichever is lower; or,
- Waiver 2 (A.R.S. §15-753B.2) My child is 10 years or older:** it is the informed belief of the school principal and educational staff that an alternate course of educational study would be better suited to the child's overall educational progress and rapid acquisition of basic English language skills as documented by the analysis of individual student needs; or,
- Waiver 3 (A.R.S. §15-753B.3) My child has special individual needs:** the child already has been placed for a period of not less than thirty calendar days during this school year in an English language classroom and it is subsequently the informed belief of the school principal and educational staff that the child has such special and individual physical or psychological needs, above and beyond the student's lack of English proficiency, that an alternate course of educational study would be better suited to the student's overall educational development and rapid acquisition of English. A written description of no less than 250 words documenting these special individual needs for the specific child must be provided and permanently added to the child's official school records and the waiver application must contain the original authorizing signatures of both the school principal and the local superintendent of schools.

I understand that I must apply for this waiver on an annual basis. I was fully informed of my right to refuse to agree to this waiver.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent (Required Only for Waiver #3)

\_\_\_\_\_  
Date

- Application Granted
- Application Rejected

► LEA: The signed and completed form with test results or basis for determination shall be kept on file by the LEA.

- This sample form may be used or LEA may create their own.
  - ALL information listed here must be on LEA-created document.
- Students who are reclassified will be monitored for two years. The two-year monitoring begins in the next school year following reclassification.
- This form must be in ELL file.



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**Two-Year Monitoring Form for Fluent English Proficient Students**

Student Name \_\_\_\_\_

SAIS ID Number \_\_\_\_\_

Date Reclassified \_\_\_\_\_

Assessment data used to monitor progress of Fluent English Proficient (FEP) students

		Year 1		Year 2		
		Test Name	Test Date	Test Score	Test Date	Test Score
State-wide						
District-wide, School-wide						
		Year 1		Year 2		
Other criteria used for monitoring the FEP student. Classroom teacher comments.						

Student is eligible for Compensatory Instruction \_\_\_\_\_ Year 1 \_\_\_\_\_ Year 2

Monitor's Signature-Year One \_\_\_\_\_

Monitor's Signature-Year Two \_\_\_\_\_



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### AZELLA Placement Test - Teacher Referral Form

This form must be used to refer a student for AZELLA Placement testing when an AZELLA Placement Test is not required.

Date \_\_\_\_\_ Student Name \_\_\_\_\_ SAIS # \_\_\_\_\_

District \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

#### Moving from ELL Services to Mainstream

- Student is currently receiving ELL services or is eligible for ELL services. If the student receives an Overall Proficiency Level of "Proficient" on the AZELLA Placement Test, the student shall be transferred to a mainstream classroom at the first appropriate opportunity.**

A student in this circumstance must have "Intermediate" or "Proficient" on his/her most recent AZELLA test for the scores identified below and must regularly demonstrate English language proficiency in the classroom. Identify the student's most recent AZELLA test date and scores.

Most recent AZELLA test date _____		
Overall Proficiency Level	<input type="checkbox"/> Intermediate	
Total Combined Proficiency Level	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Reading Proficiency Level	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient
Writing Proficiency Level	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Proficient

Teacher's justification, including classroom, school-wide, or district-wide assessment information, for referring student for an AZELLA Placement Test:

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

Testing in this circumstance is permitted at **either** the start of the school year **or** at mid-year but not at both times. If the retesting is to occur at the start of the school year, the AZELLA Placement Test may not be administered earlier than two weeks prior to the start of the school year nor later than two weeks after the student's enrollment. If the retesting is to occur at mid-year, the AZELLA Placement Test may be administered only during scoring cycle specified in the AZELLA Reference Manual.

Parental notification before administering the AZELLA Placement Test is encouraged but not required.

Signature Referring Teacher \_\_\_\_\_ Date \_\_\_\_\_

Signature ELL Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature AZELLA Test Coordinator \_\_\_\_\_ Date \_\_\_\_\_

#### AZELLA Placement Test Result

AZELLA Overall Proficiency Level \_\_\_\_\_ Test Date \_\_\_\_\_

Classroom Placement:  Mainstream  SEI  ILLP  Bilingual



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### AZELLA Placement Test - Teacher Referral Form

This form must be used to refer a student for AZELLA Placement testing when an AZELLA Placement Test is not required.

Date \_\_\_\_\_ Student Name \_\_\_\_\_ SAIS # \_\_\_\_\_

District \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

#### Moving from Mainstream to ELL Services

- Student is currently in a mainstream classroom and is not eligible for ELL services. If the student receives an Overall Proficiency Level below "Proficient" on the AZELLA Placement Test, the student shall be transferred into ELL services at the first appropriate opportunity.

A student in this circumstance may never have been tested on AZELLA because all PHLOTE questions were answered with English or may have a previous "Proficient" AZELLA score. There must be 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. Such evidence should include assessment results, classroom performance, or documentation of interrupted schooling. For monitored FEP students, attach the student's monitoring form.

Teacher's justification for referring student for an AZELLA Placement Test:

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Parent Conference is required. Parent(s)/Guardian(s) must agree to an AZELLA Placement Test and placement in ELL services if the student scores below "Proficient."

Signature Parent(s)/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

Signature Referring Teacher \_\_\_\_\_ Date \_\_\_\_\_

Signature ELL Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Signature AZELLA Test Coordinator \_\_\_\_\_ Date \_\_\_\_\_

#### AZELLA Placement Test Result

AZELLA Overall Proficiency Level \_\_\_\_\_ Test Date \_\_\_\_\_

Classroom Placement:  Mainstream  SEI  ILLP  Bilingual