



State of Arizona  
Department of Education

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

This form should be used for a student whose current academic placement is in a mainstream classroom and Not Eligible for EL Services. The student being referred for EL Services has never been tested with an AZELLA Test due to an all English 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an Overall Proficiency Level of Proficient on an AZELLA Test, or the student was previously enrolled in EL Services and Withdrawn due to SPED Criteria by the student’s IEP Team.

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 Services if their student scores an Overall Proficiency Level of less than Proficient.

**Date** \_\_\_\_\_ **Student Name** \_\_\_\_\_ **SSID** \_\_\_\_\_

**District** \_\_\_\_\_ **School** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**Parent Conference Date** \_\_\_\_\_

Check one:

- Student has an all English 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- Student was Withdrawn due to SPED Criteria on \_\_\_\_\_.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 tests (AzMERIT/AzM2 ELA for grades 3–12), 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.

(Grades 3-12) **FY2019** AzMERIT ELA:  Partially Proficient     Proficient     Highly Proficient

**Prior School Year:**

End-of-year Student’s School Report Card Grades: English Language Arts \_\_\_\_\_ Reading \_\_\_\_\_

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

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Name of District Assessment: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Name of District Assessment: \_\_\_\_\_

End-of-year (last quarter) **School/Class** ELA and Reading assessment data:

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Name of Assessment: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_ Name of Assessment: \_\_\_\_\_

Other assessment data:

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

Justification for referral:

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**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.**

\_\_\_\_\_  
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 AZELLA Team at the Arizona Department of Education.

This form must be made available to the Arizona Department of Education upon request.

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