



AZELLA Placement Test Referral Form Moving from EL Program Services to Mainstream – Start of School Year

This form should be used for a student (Grades 1–12 current enrollment) whose most recent AZELLA test was administered during the prior school year, has an Overall Proficiency Level of Intermediate, and qualifies for re-administration of the AZELLA Placement Test with the **intention of demonstrating proficiency** and moving into a mainstream classroom at the Start of the School Year. Parental permission/notification before administering the AZELLA Placement Test in this circumstance is **not** required. This referral form must be sent to the Arizona Department of Education’s **Assessments AZELLA Team** at AZELLA@azed.gov within the first two weeks of the 2022-2023 school year for review and approval. In the case of students whose first day of attendance occurs after the first day of the school year, the AZELLA Placement test must be administered within two weeks of the student's enrollment.

A student who is enrolled as a Parent Withdrawn EL is **Not Eligible** for this retesting opportunity because the student is already placed in a mainstream classroom.

Date _____ Student Name _____ SSID _____
District _____ School _____ Current Grade _____

Start of the School Year AZELLA Placement Testing

The re-administration of a new AZELLA Placement Test at the start of the school year must occur no later than two (2) calendar weeks after the student’s first day of school for the current school year. The student should have performed comparably to his/her English-only peers during a summer school language arts/reading course/class.

Student performed comparably to English-only peers for the summer school language arts/reading course/class.
Summer School Course/Class _____

Teacher _____ Date(s) of Course/Class _____

Student’s Most Recent AZELLA Results

Test Date _____ (must be from the previous school year)

Overall Proficiency Level (OPL) must be **Intermediate**. The **Total Combined** proficiency level **must be Intermediate**.

The **proficiency levels** for the domains listed below must be either Intermediate or Proficient and the **scaled scores must be 247 and higher**.

Reading:	Writing:	Listening:	Speaking:
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient
Scaled Score _____	Scaled Score _____	Scaled Score _____	Scaled Score _____

A thorough and explicit justification, including prior school year end-of-year assessment information using classroom, school-wide, district-wide, and state-wide tests (**FY2022** ELA assessments) must be provided to refer this student for re-administration of the AZELLA Placement Test.

(Grades 3-12) **FY2022** Achievement ELA: Partially Proficient Proficient Highly Proficient

Prior School Year:

End-of-year Student’s School Report Card: 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 District Assessment: _____

Date: _____ Result: _____ Name of District Assessment: _____

Other assessment data:

Justification (narrative) for referral:

If the student attained an Overall Proficiency Level of **Proficient** on this new re-administration of the AZELLA Placement Test, the student shall be Reclassified Fluent English Proficient (RFEP) and transferred to a mainstream classroom at the first appropriate opportunity. This student will begin the Fluent English Proficient (FEP1) Monitoring year one (FEP1). The AZELLA tests may not be used after the student’s RFEP status. FEP Monitoring information is through the Office of English Language Acquisition Services (OELAS).

Required Signatures:

Signature of Referring Teacher

Date

Signature of District EL Coordinator

Date

Signature of AZELLA District Test Coordinator

Date

For questions regarding this form, please contact the Arizona Department of Education’s **Assessments AZELLA Team** (AZELLA@azed.gov). This referral form must be submitted to the Arizona Department of Education’s **Assessments AZELLA Team** for approval prior to administering a new Placement Test. After approval, please place this completed form in the student’s cumulative file.