



**AZELLA Kindergarten Reassessment Test Referral Form  
Moving from Mainstream to EL Services**

This form should be used for a **Kindergarten student** whose current academic placement is in a mainstream classroom and *Not Eligible for EL Services*. The student being referred for EL Services has already demonstrated an Overall Proficiency Level (OPL) of Proficient on the Kindergarten Placement Test (KPT) or has never been tested with an AZELLA Test due to all English or American Sign Language (ASL) responses on the Home Language Survey (HLS) and has received Kindergarten instruction for at least 60 calendar days of the current school year.

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 **must be informed** of the EL program placement options for students who score less than Proficient on the test and subsequent testing requirements. When parents agree to AZELLA testing, they are also **agreeing to EL program services** should the student receive an Overall Proficiency Level of less than proficient. The Parent Withdrawal is not appropriate.

**Date** \_\_\_\_\_ **Student Name** \_\_\_\_\_ **SSID** \_\_\_\_\_  
**District** \_\_\_\_\_ **School** \_\_\_\_\_  
**Referring Teacher** \_\_\_\_\_ **Parent Conference Date** \_\_\_\_\_

Select one (1) reason for testing:

- Proficient (IFEP) Kindergarten Placement Test Date \_\_\_\_\_
- Student has an all-English/ASL Home Language Survey and has received 60 days or more of Kindergarten instruction during the current school year

**Signatures are required prior** to administering the AZELLA Kindergarten Reassessment Test.

The AZELLA Kindergarten Reassessment Test must be administered during the current school year AZELLA Spring Reassessment Test window and the parent(s) notified of the results when they are available in May.

_____ 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.