



Bilingual Waiver 1 - Oral Evaluation Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Local
Education
Agency: _____
LEA Name

Position
Title: _____

Phone: _____ Email _____

Oral Evaluation Information

Name of Oral
Evaluation: _____

Name of LEA evaluators who will
implement proposed oral evaluation:

Schools where Dual Language Programs will be offered:

Proposed Qualifying Score Range*:

From: _____ To: _____

*Qualifying score range is determined using
the *Characteristics for Good English Skills*.

Assurances

I have attached the scoring rubric for the proposed oral evaluation. ☐

I understand that **ALL ELs** must still take the KPT and/or AZELLA for placement and annual reassessment. ☐

I understand that this Oral Evaluation Application must be **completed annually**. ☐

EL Coordinator
Signature: _____ Date: _____

LEA Superintendent
Signature: _____ Date: _____

OELAS Signature
of Approval: _____ Date: _____

Submit completed applications to Bilingual.Waiver1@azed.gov.