

# AZELLA Placement Test Referral Form

# Moving from Mainstream to EL Program Services

This form should be used for a Grade 1–12 student whose current academic placement is in a mainstream classroom and *Not Eligible for EL Program Services*. The student being referred for EL Program Services has never been tested with an AZELLA Test due to an all-English or American Sign Language (ASL) 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Proficiency Level of Proficient on an AZELLA Test, or the student was previously enrolled in EL Program Services and Withdrawn due to SPED Criteria by the student’s IEP Team during Fiscal Year 2019 and earlier.

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 Program Services (SEI or DLI) if their student scores an Overall Proficiency Level of less than Proficient. The *Parent Request for Student Withdrawal from an English Learner Program* is not permitted.

**Date \_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade \_\_\_\_\_\_\_\_\_**

**District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Check one:

🞏 Student has all English or ASL responses (no other languages listed) on the 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🞏 Student was Withdrawn due to SPED Criteria on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.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 English Language Arts (ELA) and Reading tests, 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.

**Prior School Year Statewide Results: ELA** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reading** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prior School Year (for start of school year) or Current School Year (if after the first quarter grades):**

End-of-year Student’s School Report Card Grades: ELA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reading \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_ District ELA Test\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_ District Reading Test \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other assessment data (name and date of ELA and Reading assessments with results):

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

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

Justification (narrative) 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.**

**As the parent(s)/guardian(s) of this student, we understand and agree to EL program services (SEI or DLI) when the results of the new AZELLA Placement Test are less than proficient. We acknowledge that the *Parent Request for Student Withdrawal from an English Learner Program* is not permitted.**

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

Signature of Parent(s)/Guardian(s) Date

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Signature of Referring Teacher Date

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Signature of District EL Coordinator Date

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Signature of AZELLA District Test Coordinator Date

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(If applicable) Signature of Special Education Director or IEP Team Representative Date

For questions regarding this form, please contact the Arizona Department of Education’s **Assessments AZELLA Team** (AZELLA@azed.gov).This form must be made available to the Arizona Department of Education upon request.

**Place this completed form in the student’s cumulative file.**