



ASSESSMENTS

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 ELP test (AZELLA, ELPA21 (Braille), and Alt ELPA) was administered during the prior school year, has an Overall Proficiency Level of Intermediate (Progressing), and qualifies for re-administration of the **AZELLA Placement Test** (or, if eligible, Alt ELPA Screener) 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 or Alt ELPA Screener 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 before or within the first calendar week of the student's first school enrollment date for approval. If approved by ADE, the student must be administered the AZELLA Placement Test or the Alt ELPA Screener within one calendar week from ADE's date of approval.

A student who is enrolled in EL Program Services as a Parent Withdrawn EL is **Not Eligible** for this retesting opportunity because the student is already placed in a mainstream classroom.

Date _____ SSID _____ Current Grade _____

Student's 2025-2026 School Enrollment Start Date _____

District _____ School _____

The student should have performed comparably to their English-only peers during a targeted ELA or Reading or ELD summer school course/class. Title of the summer 2025 course/class:

Teacher _____ Date(s) of Course/Class _____

Student's Most Recent ELP Test Record Results from the 2024-2025 School Year

Test Date _____ (must be the most recent ELP test record dated from the prior school year)

Overall Proficiency Level (OPL) must be **Intermediate (Progressing)**.

The **proficiency levels** for the domains listed below must be either Intermediate or Proficient. The scaled **AZELLA domain scores must be 245 and higher** or provide the Braille or Alt ELPA domain proficiency levels.

Reading:

☐ Intermediate

☐ Proficient

Scaled Score _____

Writing:

☐ Intermediate

☐ Proficient

Scaled Score _____

Listening:

☐ Intermediate

☐ Proficient

Scaled Score _____

Speaking:

☐ Intermediate

☐ Proficient

Scaled Score _____

☐ ELPA 21 Early Advanced

☐ ELPA 21 Advanced

☐ Alt ELPA Level 4

☐ Alt ELPA Level 5

☐ ELPA 21 Early Advanced

☐ ELPA 21 Advanced

☐ Alt ELPA Level 4

☐ Alt ELPA Level 5

☐ ELPA 21 Early Advanced

☐ ELPA 21 Advanced

☐ Alt ELPA Level 4

☐ Alt ELPA Level 5

☐ ELPA 21 Early Advanced

☐ ELPA 21 Advanced

☐ Alt ELPA Level 4

☐ Alt ELPA Level 5

SSID # _____

A thorough and explicit justification, including prior school year end-of-year assessment information using classroom, school-wide, district-wide, and state-wide English Language Arts (ELA) and Reading assessments must be provided to refer this student for re-administration of the AZELLA Placement Test or Alt ELPA Screener.

Statewide assessment ELA proficiency result (Grades 3-12): _____

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: _____ ELA District Assessment: _____

Date: _____ Result: _____ Reading District Assessment: _____

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

Date: _____ Result: _____ ELA School/Class Assessment: _____

Date: _____ Result: _____ Reading School/Class Assessment: _____

Other assessment data:

Justification (narrative) for referral: (do not duplicate assessment details provided in this form)

Required Signatures:

Signature of Referring Teacher Date

Signature of District EL Coordinator Date

Signature of AZELLA District Test Coordinator Date

Should the student attain an Overall Proficiency Level of **Proficient** on this new AZELLA Placement Test, the student shall be **Reclassified** Fluent English Proficient (RFEP) and transferred to a mainstream classroom at the first appropriate opportunity. The reclassification Exit from EL services (code ELL01) must be entered into your Student Information System and synchronized with AzEDS immediately. This student will begin the Fluent English Proficient (FEP1) Monitoring year one (FEP1). The ELP tests (AZELLA, ELPA21 (Braille), and Alt ELPA) may not be used after the student's RFEP status. For FEP Monitoring information, contact the Office of English Language Acquisition Services (OELAS).

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. The AZELLA State Test Coordinator will send an email to the AZELLA DTC with an approval or denial for this referral.

After ADE's approval, please place this completed form in the student's cumulative file.