



# ASSESSMENTS

## 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 2025-2026 school year academic placement is in a mainstream classroom and *Not Eligible for EL Program Services*. The student being referred for EL Program Services has (1) **never** been tested with an Arizona ELP test due to an all-English or American Sign Language (ASL) Home Language Survey, or (2) the student has already demonstrated an Overall Proficiency Level of Proficient on an Arizona ELP test, or (3) the student was previously enrolled in EL Program Services and Withdrawn due to SPED Criteria by the student's IEP Team during Fiscal Year 2019 and earlier.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**. When the parent(s) agree to their student being administered an AZELLA Placement Test or Alt ELPA Screener, they **are also agreeing** to their student being placed into EL Program Services (SEI or DLI) for the school year 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 \_\_\_\_\_ SSID \_\_\_\_\_ Current Grade \_\_\_\_\_

Student's 2025-2026 School Enrollment Start Date \_\_\_\_\_

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 Arizona ELP test dated \_\_\_\_\_.
- ☐ Student was *Withdrawn due to SPED Criteria* on \_\_\_\_\_. (This information is only found on the student's EL70 Report.)

Provide evidence that the student is having difficulties in the mainstream 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 test results (Grades 3-12): ELA \_\_\_\_\_ Reading \_\_\_\_\_

Prior school year (for start of the new 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 (or last quarter) **district** ELA and Reading assessment data:

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

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

SSID # \_\_\_\_\_

**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 (do not include the assessment data provided earlier):

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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) for the school year 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

\_\_\_\_\_  
Signature of Referring Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District EL Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of AZELLA District Test Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
(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](mailto: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.**