AZELLA Placement Test Referral Form
Moving from Mainstream to EL Services

This form should be used for a student whose current academic placement is in a mainstream classroom and Not Eligible for EL Services. The student being referred for EL Services has never been tested with an AZELLA Test due to an all English PHLOTE, or the student has already demonstrated an Overall Proficiency Level of Proficient on an AZELLA Test, or the student was previously enrolled in EL Services and Withdrawn due to SPED Criteria by the student’s IEP Team.

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 Services if their student scores an Overall Proficiency Level of less than Proficient.

Date ____________ Student Name __________________________________________ SSID _______________
District ___________________________ School _____________________________ Current Grade _________
Parent Conference Date ____________________

Check one:
☐ Student has an all English PHLOTE
☐ 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☐ Student was Withdrawn due to SPED Criteria on ______________.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 tests (AzMERIT ELA for grades 3–12), 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.

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

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
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.

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

Completed Re-administration AZELLA Placement Test Results

Test Date __________________________

Stage of AZELLA Placement Test: Overall Proficiency Level:
☐ Stage II (Grades 1 – 2) ☐ Pre-Emergent/Emergent
☐ Stage III (Grades 3 – 5) ☐ Basic
☐ Stage IV (Grades 6 – 8) ☐ Intermediate
☐ Stage V (Grades 9 – 12) ☐ Proficient

If the student attained an Overall Proficiency Level of less than Proficient on the AZELLA Placement Test, the student shall be enrolled in EL Services at the first appropriate opportunity.

Classroom Placement: ☐ Mainstream ☐ SEI ☐ ILLP ☐ Bilingual/Dual Language

For questions regarding this form, please contact the AZELLA Team at the Arizona Department of Education.

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