

OFFICE OF CHRISTINE LIZARDI FRAZIER
KERN COUNTY SUPERINTENDENT OF SCHOOLS
Advocates for Children

Request Form - Language Assessment Results

To: Referring School EL Coordinator

Directions: Under state and federal law, schools and school districts are required to provide student language assessment results to schools receiving English learner students. Please complete this form and return it to the receiving school immediately.

Receiving School's Information

Today's Date: _____
(mm/dd/yy)

Requestor's Name _____ District _____

Phone _____ Fax _____ E-mail _____

Mailing Address _____ City _____ Zip Code _____

Student Information

Last Name _____ First _____ Middle _____ Other Name Used (Last, First, Middle) _____

Birth Date (mm/dd/yy) _____ Current Grade _____

Current Enrolling School District _____ Current Enrolling School Site _____

Sending Enrolled School District _____ Sending Enrolled School Site _____

Phone: _____ Fax # _____

CELDT Score

Has student taken the CELDT? ____ No ____ Yes **SSID #:** _____

If reclassified, provide date: _____ (If reclassified, please send documentation.)

Complete the following for the student's most recent CELDT administration:

	Scale Score	Level	Date Testing Completed _____
Listening	_____	_____	Tested As: ____ Annual ____ Initial
Speaking	_____	_____	Test Edition (Form) _____
Reading	_____	_____	Test grade span _____
Writing	_____	_____	
Overall	_____	_____	

Primary Language Assessment

Has student taken a Primary Language Assessment? ____ No ____ Yes Date Testing Completed _____

Name of Primary Language Assessment _____ Language _____

Oral Score _____ Reading Score _____ Writing Score _____ Overall Score _____

Signature (Previous Enrolled School Site Representative) _____ Printed Name _____ Date _____