



# Request Form

## California English Language Development Test (CELDT) Score

To: CELDT District Coordinator

**Directions:** Under state and federal law, schools and school districts are required to provide student CELDT results to schools receiving English learner students. Please complete the English Language Proficiency Assessment Information section of 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	
Previous Enrolled School District		Phone	
Current Enrolling School Site	Phone	Fax	

### English Language Proficiency Assessment Information

Student's primary language: \_\_\_\_\_ SSID #: \_\_\_\_\_

Has student taken the CELDT?  No  Yes Date of **most recent** CELDT \_\_\_\_\_

Date of **initial** CELDT, if known \_\_\_\_\_

Date of enrollment into a California public school, if different from the initial CELDT date above: \_\_\_\_\_

**Initial** English Learner Acquisition Status (ELAS):  IFEP  EL

Most recent CELDT results for _____ grade:			Initial CELDT results for _____ grade, if available:		
Domain	Scale Score	Level	Domain	Scale Score	Level
Listening	_____	_____	Listening	_____	_____
Speaking	_____	_____	Speaking	_____	_____
Reading	_____	_____	Reading	_____	_____
Writing	_____	_____	Writing	_____	_____
Overall	_____	_____	Overall	_____	_____

If reclassified, please provide date: \_\_\_\_\_ (If documentation is available, please include.)

Comments: \_\_\_\_\_

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