



English Language Proficiency Assessments for California

Request Form

English Language Proficiency Assessments for California (ELPAC) Score

To: ELPAC District Coordinator

Directions: Under state and federal law, schools and LEAs are required to provide student ELPAC results to schools receiving students who are English learners. You are receiving this form because one of your previous English learners has enrolled in another LEA. Please complete all of this form and return it within 10 calendar days after receiving the request.

Receiving School's Information

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

Requestor's Name

LEA Name

Phone

Fax

E-mail

Mailing Address

City

Zip Code

Student Information

First Name

Middle Name

Last Name

SSID#

Birth Date (mm/dd/yy)

Current Grade

Previously Enrolled School District

Previously Enrolled School Site

Current Enrolling School Site

Phone

Fax

English Language Proficiency Assessment Information

Student Primary language: _____ Has student taken the ELPAC/CELDT? No Yes

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

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

Initial English Learner Acquisition Status (ELAS): IFEP EL

Most Recent Summative ELPAC date: _____ Grade: _____

Overall Score: _____ Overall Level: _____ Initial ELPAC date: _____ Grade: _____

Oral Lang Score: _____ Level: _____ Oral Lang Level: _____ Written Lang Level: _____

Written Lang Score: _____ Level: _____ Overall Score: _____ Overall Performance Level: _____

Listening Domain Level: _____ Reading Domain Level: _____

Speaking Domain Level: _____ Writing Domain Level: _____

CELDT Test date: _____ Grade: _____

Listening: ____/____ Speaking: ____/____ Reading: ____/____ Writing: ____/____ Overall: ____/____

Comments: _____

School District

Signature (Previous Enrolled School Site)

Printed Name

Date