



TUCSON UNIFIED
SCHOOL DISTRICT

Compliance and Required Documentation

Language Acquisition Department
November 3, 2022

Presenters:

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Session Objectives

Primary
Home
Language
Other
Than
English

Participants will:

- Become familiar with the procedures required for ADE compliance regarding **PHLOTE** students.
- Maintain and archive needed documentation based on student's PHLOTE status.

Enter in the Chat...

- Your Name
- Your School
- What position you hold?
- Are you responsible for PHLOTE compliance at your school?

Initial Procedures

Primary
Home
Language
Other
Than
English

In order to maintain ADE compliance for **PHLOTE** students in Synergy and required documentation in cumulative folders, the following steps must occur:

- Identify **PHLOTE** students
- Ensure a PHLOTE folder is contained within the cumulative file
- Collect a completed and signed HLS for **ALL new students registering in TUSD**
- Upload **HLS** (Home Language Survey) to Synergy and file the original form in the student's PHLOTE folder
- Adhere to initial language response for returning **PHLOTE** students (if previously all English and another language is added speak with parent/guardian to determine why change was made)
- Ensure **PHLOTE** students are placed in an appropriate SEI/LIEL/TWDL designated program model classroom
- Organize and maintain **PHLOTE** forms needed for documentation based on student's status



- × PHLOTE Questions Identify Students who are required to be assessed with the AZELLA Placement Test



The Student Registration and Home Language Survey Forms

are used to Identify and place PHLOTE students

TUCSON UNIFIED SCHOOL DISTRICT		Registration Form	
School:	Grade:	School Year:	
1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)			
Legal Last Name:	Legal First Name:	Full Middle Name:	Gender: Age:
2. Language			
What language do people speak in the home most of the time? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			
What language does the student speak most of the time? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			
What language did the student first speak or understand? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			
Hispanic/Latino? <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino			
7. Home Address			
Residential Address:	City:	State:	Zip: Mailing Address (if different): City: State: Zip:
8. Parents / Guardians - Must be Legal Guardians -Emergency Contacts listed below			
Parent/Guardian Student Lives With	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?
	Last Name:	First Name:	Home Phone: Cell Phone: Work Phone:
	Military: <input type="checkbox"/> Active <input type="checkbox"/> Reserve Start Date:		End Date:
	Email:		Employer:



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most of the time*?

2. What language does the student speak *most of the time*?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____
Date of Birth _____ SSID _____
Parent/Guardian Signature _____ Date _____
District or Charter _____
School _____

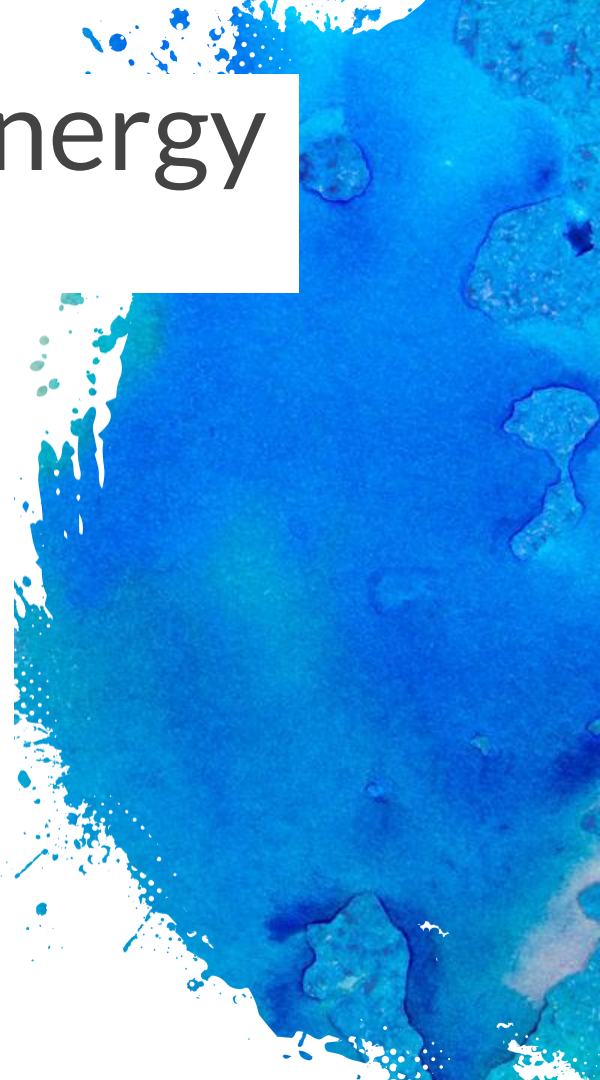
PHLOTE & STUDENT ENROLLMENT FORMS

Required for *all* students, EL and Non-EL



Change of Response in Synergy

- The three language questions in Synergy are not to be changed if already populated.
- If a change is needed, your office needs to contact the Language Acquisition Department.



Here is how it looks online...

Student Name: (Magrady, Jaiden C.) School: Sandiway High School Homeroom: Teacher:

Demographics Parent/Guardian Other Info Emergency Enrollment Enrollment History Classes Documents Contact Log Notes Protected Information OLR Information

Last Name First Name Middle Name Suffix Perm ID State Student Number Grade Gender

Age

14

Documents + Add

X	Line	Doc Date	Doc Category	Doc Comment	Doc Type	Visible in PVUE	Acknowledgement Required	Online Registration	Acknowledgement
	1	12/17/2021	Report Card	2021-2022 Quarter 2/Semestr					
	2	11/17/2021	Report Card	2021-2022 2nd Quarter Progr					
	3	10/11/2021	Report Card	2021-2022 Quarter 1					
	4	09/08/2021	Report Card	2021-2022 Progress 1					
	5	07/28/2021	Parent/Guardian Photo ID	ID - Magrady, Jaiden.pdf					
	6	07/28/2021	Immunization Record	Immunizations - Magrady, Jai					
	7	07/28/2021	Birth Certificate	BC - Magrady, Jaiden.pdf					

Registration Document in Student Cumulative File

☐ Proof Of Residency ☐ Parent/Guardian Photo ID ☐ Birth Verification ☐ Home Language Survey/PHLOTE (REQUIRED in CUM) ☐ Dual Language Compact in Cum ☐ 506 on file at NASS

Program Placement Flow Chart

Responses on the three language questions
on the Registration Form and the
Home language Survey (HLS)

Place all OOO's in
an SEI or LIEL
Classroom until
assessed.

If all three responses are
"English" on the
Registration Form
and HLS...

Place the student in a
mainstream program, or if
requested and qualified, in a
Two Way Dual Language Program
(TWDL)

If the response to
one or more
questions is other than
"English"...

Administer
AZELLA

If the student scores "Proficient", the
student becomes an IFEP, then the student is
placed in mainstream or, if requested and
qualifies, in TWDL

If student does not score "Proficient", the
student becomes an English Learner (ELs);
is placed in an SEI, LIEL or, if requested and
qualifies, in TWDL

****Please Note****

For students Re-registering in TUSD 1:

The responses to the three
language questions on the
initial registration and HLS
forms is what will determine
student placement in the
appropriate language program.

New Students to District:

Check with your Language
Assessment Coordinator
(Language Acquisition) for EL
status before test
administration or placement.



How to Access the PHLOTE List

<https://synergy.tusd1.org>

SIS Num. / EdFi Num.	Name DOB	Grade	Teacher / Designation	STU PRG	PHL LTH	EE	ELL Status	Test Date	Oral SS Prof.	Reading SS Prof.	Writing SS Prof.	Total SS Prof.	Over-all Prof.
0123456789 / 12345678	Last Name, First Name D.O.B	KG	Teacher SEI	SEI-2HR	Arabic OEO English	N	ELL	08/14/2019				203 PEE	PEE
0123456789 / 12345678	Last Name, First Name D.O.B	KG	Teacher Bilingual		Arabic OOO English	N	I-FEP	08/13/2019				262 P	P
0123456789 / 12345678	Last Name, First Name D.O.B	KG	Teacher		Spanish OEO English	N							
0123456789 / 12345678	Last Name, First Name D.O.B	1	Teacher Bilingual	Waiver-1	Spanish OOO English	N	ELL	8/15/2019	246 I	232 I	269 P	2378 I	I
0123456789 / 12345678	Last Name, First Name D.O.B	1	Teacher SEI	SEI-2HR	Spanish OOO English	N	ELL	02/25/2019	222 PEB	220 PEB	231 I	2268 B	B
0123456789 / 12345678	Last Name, First Name D.O.B	1	Teacher		Spanish OOO English	N	R-FEP	02/26/2019	300 P	266 P	262 P	2383 P	P
0123456789 / 12345678	Last Name, First Name D.O.B	2	Teacher LTEL (Pull-Out)	LTEL (Pull-Out)	Spanish OOO English	N	ELL	08/18/2017	232 I	207 PEB	203 PEB	2390 PEE	PEE
0123456789 / 12345678	Last Name, First Name D.O.B	2	Teacher	PW-ELL	Spanish OOO English	N	*PAR-WD	03/05/2018	226 PEB	220 PEB	182 PEB	2255 B	B
0123456789 / 12345678	Last Name, First Name D.O.B	3	Teacher		Spanish OOO English	N	R-FEP	03/05/2018	281 P	302 P	301 P	2485 P	P
0123456789 / 12345678	Last Name, First Name D.O.B	4	Teacher		Spanish OOO English	Y	*R-IEP	02/07/2019	225 PEB	258 P	272 P	2461 I	I
0123456789 / 12345678	Last Name, First Name D.O.B	5	Teacher		Spanish OOO English	N	R-FEP	03/03/2017	283 P	273 P	400 P	2515 P	P

PHLOTE List Key

- SIS Num. / EdFi Num.= Student SIS# (Matric/Permanent ID) and (SAIS/SSID)
- Name/DOB= Student Name/Date of Birth
- Grade
- Teacher/Designation= Teacher and Class Designation
- Prg= Student Program Participation in ELD/Bilingual (TWDL) or Withdrawn by Parent
Blank= No Program
SEI= Receiving Participation for Placement in an ELD Class
LTEL= Low Incidence English Learner (Pull-Out)
Waiver 1/Waiver 2= Receiving Participation for Placement in a Bilingual (Two Way Dual Language=TWDL) Class
PW-ELL= Student is Withdrawn from ELD services by Parent Request
- PHL= Primary Home Language Other Than English & 3 Language Question Responses
E= English
O= Language Other Than English
- EE= Exceptional Ed. (Yes or No)
- ELL Status= Student Status
Blank= Awaiting Upload for Current Test Results/Status
ELL= English Language Learner
*PAR-WD= Withdrawn from ELD Services by Parent Request (Required to take AZELLA until Proficient)
*R-IEP= Withdrawn from ELD Services by IEP Decision (Not Required ELD or AZELLA Testing)
R-FEP= Reclassified (No longer qualified for ELD services)
I-FEP= Initial English Proficient (Does not qualify for ELD services).

9 Test Date = Most recent uploaded AZELLA test date.

10. Oral SS Prof.= Oral Scale Score and Proficiency Level

11. Reading SS Prof.= Reading Scale Score and Proficiency Level

12. Writing SS Prof.= Writing Scale Score and Proficiency Level

13. Total SS Prof.= Total Combined Scale Score and Proficiency Level

14. Over-all Prof.= Overall Proficiency Level (Overrides Total Combined Proficiency Level)

Proficiency Levels on PHLOTE list labeled:

- PEE Pre-Emergent/Emergent
- PEB Pre-Emergent/Basic
- B Basic
- I Intermediate
- P Proficient

A student must be Proficient in Reading/Writing/Total Combined to be considered Overall Proficient

PHLOTE List Status Labels

- Blank (No Status)-New student (scores have not uploaded)
- ELL-English Language Learner as determined by AZELLA
ELL/ELs Must be placed in designated class for services
- *PAR-WD= Withdrawn from ELD Services by Parent Request
(Required to take AZELLA until Proficient)
- *R-IEP= Reclassified as Fluent English Proficient by IEP Decision
(No longer available-Grandfathered students prior to 2019/20 SY)
- R-FEP= Reclassified (Proficient on AZELLA and no longer qualifies for ELD)
- I-FEP= Initially English Proficient (Not Qualified for ELD services)



*R-IEP
R-FEP
R-FEP
I-FEP
I-FEP
ELL
I-FEP
I-FEP
R-FEP
*PAR-WD

mmddyy-Z0000001-0000000000000000-0000001

AZELLA Levels of Proficiency

P = Proficient

I = Intermediate

B = Basic

BI = Basic/Intermediate (Kinder Only)

PEE = Pre-Emergent/Emergent

(PEB = Pre-Emergent/Emergent/Basic Domain Sub-score Level)

A student must be Proficient in Reading/Writing/Total combined to be considered Overall Proficient





Placing Students Appropriately

Each school has designated program classes

Language Programs in TUSD

For all ELLs at the Elementary Level

- × Structured English Immersion (SEI or SEI-B) 2-hour model
- × Low Incidence English Learner (LIEL) Pull-out model
- × Two-Way Dual Language program (TWDL) (qualifying waiver needed)

For all ELLs at the Secondary Level

- × Structured English Immersion (SEI or SEI-B) 2-hour model
- × Low Incidence English Learner (LIEL)-Pull-out model
- × Newcomer Model (Only for new arrivals) 4-hour model
- × Two-Way Dual Language program (TWDL) (qualifying waiver needed)

- Principals receive an Elementary designation sheet each Spring for the following school year.
- Principals may be asked to revised the designation sheet the following year once AZELLA scores are reviewed by Language Acquisition

- SEI/SEI-B (SEI Blend)** Please note: (SEI-B formerly SEI Mix)
- LIEL (Low Incidence EL)** Please note: (LIEL formerly ILLP)
- Dual Language Model (TWDL):** For Dual Language classrooms include the name of the Bilingual TA. Also, include the Bilingual TA's time allotted per DL teacher



Documentation and Maintaining Required Forms

What needs to be in the PHLOTE
Student's CUM folder?



Documentation and File Compliance for **PHLOTE** Students

- ✓ Registration Form
- ✓ Home Language Survey (HLS)
- ✓ Collected in person, uploaded to Synergy and filed in cum folder
- ✓ Copy of AZELLA test results each year (Cumulative)
- Parental Notification and Consent for Student Placement in an ELL Program (Cumulative)
- Parental Bilingual Education Waiver Application (TWDL) (if applicable)
- Parental Permission to Assess (if applicable)
- Parent Notification of Student Achievement of English Proficiency
- English Proficient Student Two-Year Review Form
- Parent Request for Student Withdrawal from an ELL Program (if applicable)

Where the Cum Folder Documentation process begins

❖ Individual Language Learner Plan and Attachment AB = ILLP

Elementary No longer a program that is offered to ELs (Only applicable for years prior to 2020/21 SY)

Secondary No longer a program that is offered to ELs (Only applicable for years prior to 2020/21 SY)

❖ English Language Learner Program Withdrawal by Special Education Criteria **Not available to process as of Summer 2019**

SCHOOL CHECKLIST for COMPLIANCE with PHLOTE DOCUMENTATION

Student:		Matric:	
School:		Initial PHLOTE Grade & SY:	

☐ **Documentation for PHLOTE students with NONE (Test Results Pending) Status:**

	Initial Registration Form
	Initial Home Language Survey

☐ **Documentation for students with I-FEP (Initially Fluent English Proficient) Status:**

	Initial Registration Form
	Initial Home Language Survey
K 1 2 3 4 5 6 7 8 9 10 11 12	The collected reports of English proficiency assessment (LAS, SELP, and/or AZELLA)
	Copy of Permission to Assess Student with AZELLA (if applicable)
K 1 2 3 4 5 6 7 8 9 10 11 12	Copy of valid Waiver form for Bilingual Education (if applicable)

☐ **Documentation for students with ELL (English Language Learners) & *PAR-WD (Withdrawn from ELD Services by Parent Request) Status:**

	Initial Registration Form
	Initial Home Language Survey
K 1 2 3 4 5 6 7 8 9 10 11 12	The collected reports of English proficiency assessment (LAS, SELP, and/or AZELLA)
	Copy of Permission to Assess Student with AZELLA (if applicable)
	Copy of Parent Notification for Monitoring ELL's After Reclassification (if applicable)
	Current Parental Notification and Consent Form for Student Placement in ELL Program
K 1 2 3 4 5 6 7 8 9 10 11 12	Copy of valid Waiver form for Bilingual Education (if applicable)
K 1 2 3 4 5 6 7 8 9 10 11 12	Copy of student's Individual Language Learner Plan (No longer required but may be in student file from previous status)
	Copy of Parent Request for Withdrawal from ELL Program Services for *PAR-WD status

☐ **Documentation for students with R-FEP (Reclassified) (Two-Year Reclassified) Status:**

	Initial Registration Form
	Initial Home Language Survey
K 1 2 3 4 5 6 7 8 9 10 11 12	The collected reports of English proficiency assessment (LAS, SELP, and/or AZELLA)
	Copy of Parent Notification of Student Achievement of English Proficiency
	Two-Year Review Form(s)
K 1 2 3 4 5 6 7 8 9 10 11 12	Copy of valid Waiver form for Bilingual Education (if applicable)
K 1 2 3 4 5 6 7 8 9 10 11 12	Copy of student's Individual Language Learner Plan (No longer required but may be in student file from previous status)
	Copy of Parent Notification of ELLAR Monitoring (No longer required but may be in student file from previous status)

☐ **Documentation for students with *R-IEP (Withdrawn from ELD Services by IEP Decision) Status:**

	Initial Registration Form
	Initial Home Language Survey
K 1 2 3 4 5 6 7 8 9 10 11 12	The collected reports of English proficiency assessments (LAS, SELP, and/or AZELLA)
	Copy of Permission to Assess Student with AZELLA (if applicable)
	Copy of Parent Notification of Monitoring ELL's After Reclassification
	Current Parental Notification and Consent Form for Student Placement in ELL Program
K 1 2 3 4 5 6 7 8 9 10 11 12	Copy of valid Waiver form for Bilingual Education (if applicable)
K 1 2 3 4 5 6 7 8 9 10 11 12	Copy of student's Individual Language Learner Plan (No longer required but may be in student file from previous status)
	Copy of Withdrawal from ELL Status by SPED Criteria Form

School Checklist to assist with Compliance PHLOTE Documentation

The Student Registration and Home Language Survey Forms are used to Identify and place PHLOTE students

TUCSON UNIFIED
SCHOOL DISTRICT

Registration Form

School:

Grade:

School Year:

1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)

Legal Last Name: _____ Legal First Name: _____ Full Middle Name: _____ Gender: ☐ Male ☐ Female Age: _____

2. Language

What language do people speak in the home

most of the time? ☐ English ☐ Spanish ☐ Other _____

What language does the student speak most of the time? ☐ English ☐ Spanish ☐ Other _____

What language did the student first speak or understand? ☐ English ☐ Spanish ☐ Other _____

☐ Yes ☐ No ☐ Native Hawaiian/Pacific Islander ☐ Native Hawaiian/Pacific Islander ☐ Hispanic/Latino

7. Home Address

Residential Address: _____ City: _____ State: _____ Zip: _____ Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

8. Parents / Guardians - Must be Legal Guardians -Emergency Contacts listed below

Relationship: ☐ Mother ☐ Father ☐ Legal Guardian Interpreter needed? ☐ Yes ☐ No If yes, which language? _____
Last Name: _____ First Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____
Military: ☐ Active ☐ Reserve Start Date: _____ End Date: _____

PHLOTE
Documentation



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done before the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most of the time*?

2. What language does the student speak *most of the time*?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

Student Report

Arizona English Language Learner Assessment Placement

Diane Douglas
Superintendent of Public Instruction

Reporting Date: 99/99/9999 (Cycle 07)



How did FIRSTNA perform on the English Language Learner Assessment?

OVERALL PROFICIENCY LEVEL

- ☐ **Proficient** students consistently understand social and academic English and can generate sentences, using a variety of grammatical structures. They read, comprehend, and summarize information in grade-level text. These students write three- to five-sentence paragraphs, using grade-level vocabulary and a variety of sentence structures. Student is not eligible for ELL services.
- ☐ **Intermediate** students have a moderate understanding of social and academic English and can respond using a variety of simple sentences. They comprehend key details and main ideas of text read aloud to them. They have limited ability to decode and comprehend text read independently. They use basic vocabulary to write simple sentences. Student is eligible for ELL services.

- ☒ **Basic students have a limited understanding of social and academic English and can respond using isolated words and simple phrases. They inconsistently comprehend key details and main ideas of text read aloud. These students have minimal ability to independently decode and comprehend text. they have minimal ability to write words, phrases, or simple sentences.**
Student is eligible for ELL services.

- ☐ **Pre-Emergent / Emergent** students have an extremely limited and inconsistent understanding of social and academic English. With instructional/ environmental support, these students can formulate simple phrases and sentences orally and in writing. Student is eligible for ELL services.

Student: LASTNAME, FIRSTNA

SAIS ID#: 12345678

Birth Date: 99/99/9999

Test Date: 99/99/9999

Grade: 99

Dist-Sch #: 999999 - 999999

School Name: Sample Elementary School

District Name: Sample Unified School

Score Report

*A determination of Proficient on AZELLA requires a Proficient Score on the Reading and Writing Domain Scores as well as a Proficient Score on the Total Combined Score.

		Scale Score	Pre-Emergent / Emergent	Basic	Intermediate	Proficient
*Total Combined		2313				
Domain Scores		Scale Score	Pre-Emergent / Emergent / Basic	Intermediate		Proficient
	*Reading	216				
	*Writing	209				
	Listening	252				
	Speaking	206				
Additional Scores	Language (Conventions/Vocabulary)	214				
	Oral (Listening/Speaking)	228				
	Comprehension (Reading/Listening)	229				

AZELLA TEST RESULTS

Your school will receive two copies per student. One copy is filed in the student's cum folder and the second one is given to the parent/guardian.

Parental Notification and Consent Form (PNC)

The status of your student's academic achievement is: (circle one)

☐ below grade level ☐ at grade level ☐ above grade level

Your student has been placed into the following English learner program (see the attached LEA program description as defined by A.R.S. § 15-751 through § 15-753):

☐ Structured English Immersion (SEI) Pull-Out Model = **LIEL in TUSD**

☐ Structured English Immersion (SEI) Two-Hour Model

☐ Structured English Immersion (SEI) Newcomer Model

☐ 50-50 Dual Language Immersion (DLI) Model = **N/A in TUSD**

☐ Bilingual with Waiver 1, 2, or 3 (Bilingual Parental Waiver Request Application is required) = **TWDL in TUSD**

methods used to meet age appropriate academic standards are based upon scientific research. The expectation is that students who transition into mainstream classes, meet appropriate academic achievement standards for grade promotion and graduation with high school at the same rate as mainstream students. The teachers of special education ELs will meet with the transition personnel to ensure that the objectives of the Individualized Education Program (IEP) are incorporated into classroom instruction.

The status of your student's academic achievement is: (circle one)
☐ below grade level ☐ at grade level ☐ above grade level

Your student has been placed into the following English learner program (see the attached LEA program description as defined by A.R.S. § 15-751 through § 15-753):

☐ Structured English Immersion (SEI) Pull-Out Model

☐ Structured English Immersion (SEI) Two-Hour Model

☐ Structured English Immersion (SEI) Newcomer Model

☐ 50-50 Dual Language Immersion (DLI) Model

☐ Bilingual with Waiver 1, 2, or 3 (Bilingual Parental Waiver Request Application is required)

A student must meet the following criteria on the AZELLA in order to achieve English language proficiency and exit the EL program: A proficient score on the reading and writing domain scores as well as a proficient score on the total combined score. A.R.S. § 15-756.05

Parents have the right to decline their student's placement in an EL program or to have their student withdrawn from an EL program at any time after a consultation. If you would like more information about instruction, the various programs, or need assistance in selecting a program, please contact your student's school administrator.

Signature of Classroom Teacher/Language Arts Teacher

Date

Signature of Parent/Guardian

Date

The Parental Notification and Consent Form must be provided no later than 30 calendar days after the beginning of each school year or within the first two weeks of placement in an EL program for students who enroll after the start of the school year. ESSA § 1112(e)(3)(A)(B)

This form should be placed in the student's cumulative folder. (Revised 05-2020)

- This form must be completed **annually** and signed by the parent **within the first 30 calendar days of school or within 2 weeks of enrollment thereafter.**
- Teacher will indicate the student's placement (SEI, LIEL and/or BIL= TWDL) and sign.
- Three attempts must be made to contact parent for signature. Date and document each attempt on the form and place in cum folder.
- Once a signed form is received, place in cum folder.

Bilingual Parent Waiver Request Application

- The Parent Waiver Application is completed when a parent/guardian is requesting that their **EL** student be placed in a Bilingual (TWDL) program
- Must be signed by the parent/guardian and school's principal within current school year
- Submit waiver to LAD for approval
- EL students with an approved waiver may be placed in a Bilingual (TWDL) classroom placement in lieu of an SEI placement



Arizona Department of Education Office of English Language Acquisition Services

Bilingual Parental Waiver Request Application

This application is used by parents to request an alternative to English Language Education as specified in A.R.S. §15-753. Parent/Guardian of an English learner must complete this application annually per A.R.S. §15-752.

District Name	School Name	SSID
Parent/Guardian Last Name	First Name	
Student's Last Name	First Name	Middle Initial
Address		
City	State Arizona	Zip Code
Native Language of Student	School year for which the waiver is requested	Grade

- I have personally visited my child's school.
- I have been provided with a full description of the educational materials to be used in the different educational program choices and all the educational opportunities available to my child.
- I am applying for a waiver to remove my child from an English language or Structured English immersion classroom placement.

Reason for waiver request (to be verified by school district): The student has met at least one (1) of the three (3) circumstances for which a parental exception waiver may be applied (A.R.S. §15-753).

At least one of the following circumstances must be checked:

- ☐ **Waiver 1** (A.R.S. §15-753B.1) **My child already knows English:** the child already possesses good English language skills, as measured by oral evaluation or standardized tests of English vocabulary comprehension, reading, and writing, in which the child scores approximately at or above the state average for his/her grade level or at or above the 5th grade average, whichever is lower; or,
- ☐ **Waiver 2** (A.R.S. §15-753B.2) **My child is 10 years or older:** it is the informed belief of the school principal and educational staff that an alternate course of educational study would be better suited to the child's overall educational progress and rapid acquisition of basic English language skills as documented by the analysis of individual student needs; or,
- ☐ **Waiver 3** (A.R.S. §15-753B.3) **My child has special individual needs:** the child already has been placed for a period of not less than thirty calendar days during this school year in an English language classroom and it is subsequently the informed belief of the school principal and educational staff that the child has such special and individual physical or psychological needs, above and beyond the standard needs of English proficiency, that an alternate course of educational study would be better suited to the student's overall educational development and rapid acquisition of English. A written description of no less than 250 words documenting these special individual needs for the specific child must be provided and permanently added to the child's official school records and the waiver application must contain the original authorizing signatures of both the school principal and the local superintendent of schools.

I understand that I must apply for this waiver on an annual basis. I was fully informed of my right to refuse to agree to this

Signature of Parent/Guardian _____ Date _____
Signature of School Principal _____ Date _____
Signature of Superintendent (Required Only for Waiver 3) _____ Date _____


The signed and completed application with test results or basis for determination shall be kept on file by the LEA. (Revised 05-2020)

<input type="checkbox"/> Application Granted
<input type="checkbox"/> Application Rejected



*PAR-WD=Parent Withdrawn from ELD

- EL students withdrawn by parent/request will continue to take the annual AZELLA reassessment until they achieve an Overall Level of Proficient
- A parent can rescind the withdrawal at anytime



Arizona Department of Education
Office of English Language Acquisition Services

Parent Request for Student Withdrawal from an English Learner Program

Student Name _____
Last Name First Name M.I.

SSID _____
District Student ID School Grade

As the parent/guardian of the student named above, I am exercising my right to request that my student be removed from his/her designated English learner program (Structured English Immersion, 50-50 Dual Language Immersion, or Bilingual with Waiver). I have discussed any alternative educational options with my student's teacher and/or principal, and I am requesting that the student be placed in a mainstream, non-English learner classroom. It is my belief that this course of instruction is better suited for my student's needs and therefore, I consent to a mainstream classroom placement. While I have withdrawn my student from English learner services, I understand that his/her progress in English language acquisition will continue to be monitored and assessed with the Arizona English Language Learner Assessment (AZELLA) until an Overall Proficiency Level of "Proficient" is attained.

Signature of Parent/Guardian _____ Date _____

ESSA § 1112(e)(3)(A) _____

FOR OFFICE USE ONLY

Current Arizona English Language Learner Assessment (AZELLA) Proficiency Levels:

Reading _____ Writing _____ Total Combined _____

By signing, I acknowledge that I have discussed the alternative educational options with the parent/guardian, and I agree to place the student according to the parent/guardian's wishes.

Signature of Principal _____ Date _____

This form should be placed in the student's cumulative folder. (Revised 05-2020)

Kathy Hoffman, Superintendent of Public Instruction
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas

× Parent Notification of Student Achievement of English Proficiency

- Required when an EL student obtains an Overall Level of Proficient on AZELLA; therefore, becoming Reclassified
- Sent to principal by LAD for signature
- Original must be given to parent
- A copy of this notice must be place in PHLOTE folder
- Does not require a parent/guardian signature

TUSD



TUCSON UNIFIED SCHOOL DISTRICT
1010 East Tenth Street
Tucson, AZ 85719

PARENT NOTIFICATION OF STUDENT ACHIEVEMENT OF ENGLISH PROFICIENCY

Dear Parents/Guardians of _____:

We are proud to inform you that your child has passed the test of English Proficiency and has been reclassified as a student who is proficient in English. On behalf of the faculty and the entire school, please accept our congratulations for your child's achievement.

If you would like additional details about this reclassification, we would be happy to discuss them and review your child's progress with you. You can contact us at _____ and we will return your call as soon as possible.

Sincerely,

Principal's Signature

School

Date

Please place a copy of the letter in the student's cumulative file.

AZELLA Placement Test Referral Form



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 academic placement is in a mainstream classroom and *Not Eligible for EL Program Services*. The student being referred for EL Program Services has never been tested with an AZELLA Test due to an all-English or American Sign Language (ASL) Home Language Survey, or the student has already demonstrated an Overall Proficiency Level of Proficient on an AZELLA Test, or 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. 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 Program Services, SEI, DLI, or BIL 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 appropriate.

Date _____ Student Name _____ SSID _____

District _____ School _____ Current Grade _____

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 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 ELA 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.

(Grades 3–12) FY2022 Achievement ELA: ☐ Partially Proficient ☐ Proficient ☐ Highly Proficient

Prior School Year:

End-of-year Student's School Report Card Grades: English Language Arts _____ Reading _____

End-of-year (last quarter) District ELA and Reading assessment data:

Date: _____ Result: _____ Name of District Assessment: _____

Date: _____ Result: _____ Name of District Assessment: _____

Prior School Year:

End-of-year (last quarter) School/Class ELA and Reading assessment data:

Date: _____ Result: _____ Name of Assessment: _____

Date: _____ Result: _____ Name of Assessment: _____

Other assessment data:

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

Justification (narrative) for referral:

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) 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 \(Assessments@azed.gov\)](mailto:Assessments@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.

- Used when student is referred for AZELLA testing
- Must be appropriately signed and dated

AZELLA Placement Test Referral Form



Assessments

AZELLA Placement Test Referral Form

Moving from EL Program Services to Mainstream – Start of School Year

This form should be used for a student (Grades 1–12 current enrollment) whose most recent AZELLA test was administered during the prior school year, has an Overall Proficiency Level of Intermediate, and qualifies for re-administration of the AZELLA Placement Test with the intention of demonstrating proficiency and moving into a mainstream classroom at the Start of the School Year. Parental permission/notification before administering the AZELLA Placement Test in this circumstance is not required. This referral form must be sent to the Arizona Department of Education's [Assessments AZELLA Team](#) at AZELLA@azed.gov within the first two weeks of the 2022-2023 school year for review and approval. In the case of students whose first day of attendance occurs after the first day of the school year, the AZELLA Placement test must be administered within two weeks of the student's enrollment.

A student who is enrolled as a Parent Withdrawn EL is Not Eligible for this retesting opportunity because the student is already placed in a mainstream classroom.

Date _____ Student Name _____ SSID _____
District _____ School _____ Current Grade _____

Start of the School Year AZELLA Placement Testing

The re-administration of a new AZELLA Placement Test at the start of the school year must occur no later than two (2) calendar weeks after the student's first day of school for the current school year. The student should have performed comparably to his/her English-only peers during a summer school language arts/reading course/class.

☐ Student performed comparably to English-only peers for the summer school language arts/reading course/class.

Summer School Course/Class _____
Teacher _____ Date(s) of Course/Class _____

Student's Most Recent AZELLA Results

Test Date _____ (must be from the previous school year)

Overall Proficiency Level (OPL) must be **Intermediate**. The Total Combined proficiency level must be **Intermediate**.

The proficiency levels for the domains listed below must be either Intermediate or Proficient and the scaled scores must be 247 and higher.

Reading:	Writing:	Listening:	Speaking:
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient
Scaled Score _____	Scaled Score _____	Scaled Score _____	Scaled Score _____

A thorough and explicit justification, including prior school year end-of-year assessment information using classroom, school-wide, district-wide, and state-wide tests (FY2022 ELA assessments) must be provided to refer this student for re-administration of the AZELLA Placement Test.

(Grades 3-12) FY2022 Achievement ELA: ☐ Partially Proficient ☐ Proficient ☐ Highly Proficient

Prior School Year:

End-of-year Student's School Report Card: English Language Arts _____ Reading _____

End-of-year (last quarter) District ELA and Reading assessment data:

Date: _____ Result: _____ Name of District Assessment: _____

Date: _____ Result: _____ Name of District Assessment: _____

End-of-year (last quarter) School/Class ELA and Reading assessment data:

Date: _____ Result: _____ Name of District Assessment: _____

Date: _____ Result: _____ Name of District Assessment: _____

Other assessment data:

Justification (narrative) for referral:

If the student attained an Overall Proficiency Level of **Proficient** on this new re-administration of the AZELLA Placement Test, the student shall be Reclassified Fluent English Proficient (RFEP) and transferred to a mainstream classroom at the first appropriate opportunity. This student will begin the Fluent English Proficient (FEP1) Monitoring year one (FEP1). The AZELLA tests may not be used after the student's RFEP status. FEP Monitoring information is through the Office of English Language Acquisition Services (OELAS).

Required Signatures:

Signature of Referring Teacher _____ Date _____

Signature of District EL Coordinator _____ Date _____

Signature of AZELLA District Test Coordinator _____ Date _____

For questions regarding this form, please contact the Arizona Department of Education's [Assessments AZELLA Team](#) (AZELLA@azed.gov). This referral form must be submitted to the Arizona Department of Education's [Assessments AZELLA Team](#) for approval prior to administering a new Placement Test. After approval, please place this completed form in the student's cumulative file.

- Used when student is being referred for AZELLA to test out of EL services
- Only available during specific timeframes
- Criteria based
- No parent conference or signature required
- Must be appropriately signed and dated



Two-Year Monitoring Form for Fluent English Proficient Students

PHLOTE

Documentation



- Used to monitor the academic progress of reclassified students for two years after reclassification
- Principal will receive these forms in February along with an Attestation form that the administrator will have to sign and return to LAD
- Documentation begins the school year after the year the student reclassified
- Completed by Mainstream K-5 and 6-12 Language Arts Teachers
- Must be place in cum folder



State of Arizona
Department of Education

Office of English Language Acquisition Services



Two-Year Monitoring Form for Fluent English Proficient Students

Student Name _____

SSID Number _____

Date Reclassified _____

Assessment data used to monitor progress of Fluent English Proficient (FEP) students

		Year 1		Year 2	
	Test Name	Test Date	Test Score	Test Date	Test Score
State-wide					
District-wide, School-wide					
		Year 1		Year 2	
Other criteria used for monitoring the FEP student. Classroom teacher comments.					

Student is eligible for Compensatory Instruction _____ Year 1 _____ Year 2

Monitor's Signature - Year 1 _____ Date: _____

Monitor's Signature - Year 2 _____ Date: _____

(Revised 05-2019)

Office of English Language Acquisition Services

1535 West Jefferson Street, Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas

Reclassified Fluent English Proficient (R-IEP)

PHLOTE
Documentation

- English Language Learner Program Withdrawals by Special Education Criteria are **Not an available option as of 2019/20 SY**
- EL students with an R-IEP status on PHLOTE list, must have this form in their PHLOTE folder or an EL70 report if withdrawal was processed out of district

TUSD

LANGUAGE ACQUISITION DEPARTMENT
TUCSON UNIFIED SCHOOL DISTRICT
2025 E. Winsett St./LIRC Building
Tucson, AZ 85719
Phone: (520) 225-4600 Fax: (520) 225-4668

IEP Team Determination: Discontinuation of English Language Learner Services

Student's Last Name _____ First Name _____ Matric _____

School _____ Grade _____ EE Category _____ Date of Meeting _____

The MET/IEP team considered the impact of this student's disability on his/her ability to attain English language proficiency on the AZELLA and has determined that the student's disability is the primary education focus for intervention. Therefore, the student will be excluded from any further English Language Learner (ELL) services and AZELLA assessment due to one of the following reasons:

☐ The nature of the handicapping condition will prevent the student from making reasonable progress and/or reclassifying as proficient on AZELLA. Please Specify: _____

OR

☐ The MET/IEP team has confirmed that the student has received at least three years of ELD instruction and/or that the student's three most recent AZELLA assessments, as documented below, indicate no consistent pattern of improvement.

AZELLA Date	Oral (Listening/Speaking)			Reading			Writing			Overall			
	Performance Level			Performance Level			Performance Level			Overall Performance Level			
	PEB	I	P	PEB	I	P	PEB	I	P	PEE	B	I	P
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEB=Pre-emergent/Emergent/Basic; I=Intermediate; P=Proficient; PEE=Pre-emergent/emergent; B=Basic

☐ Other – Please Specify _____

Forms related to
PHLOTE students are available on the TUSD Website
or our SharePoint page.

[Language Acquisition Forms \(tusd1.org\)](https://tusd1.org)

CURRENT FAMILIES SCHOOLS PROGRAMS CURRICULUM DEPARTMENTS GOVERNING

APPS STAFF CAREERS REGISTER-ENROLL

Language Acquisition

[Language Acquisition](#) | 2025 E. Winsett, Tucson, AZ 85719 | (520) 225-4600

Forms

Bilingual Education Waiver Application (in PDF)

[English](#) | [Spanish](#)

Home Language Survey Form (in PDF)

[English](#) | [Spanish](#)

Registration Form (in PDF)

You can fill out registration forms at the school or print them here to turn into the school.

[English](#) | [Arabic](#) | [Kirundi](#) | [Kiswahili](#) | [Somali](#) | [Spanish](#)

Forms available on the TUSD Intranet - Dept. Websites - Language Acquisition
Forms & Letters

- **2 Year Review Form**
- **IEP Team Determination: Discontinuation of English Language Learner Services** (English)



[SharePoint - AZELLA/PHLOTE Compliance](#)



For More Support....

We will be offering Office Hours for PHLOTE compliance and AZELLA questions every other Thursday from 3:00 p.m. to 4:00 p.m.

[Office Hours Link](#)

Language Acquisition Department
520-225-4600



Q & A

Thank You!

Thank You!

Language Acquisition Department
520-225-4600



Please take 5 minutes to complete:

Section Title: 22-23 PLT: PHLOTE Documentation and Compliance -
11/3 Block A or B

Section #: Block A: 37783 – Block B: 37784



Survey Link: <https://forms.office.com/r/5czJEd3tCZ>