

# **Session Objectives**

## 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. Primary
Home
Language
Other
Than
English

# **Enter in the Chat...**

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



### **Initial Procedures**

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

Primary
Home
Language
Other
Than
English

- Identify **PHLOTE** students
- Ensure a PHLOTE folder is contained within the cumulative file
- Collect a completed and signed HLS for <u>ALL new students registering in TUSD</u>
- 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

	ON UN	IFIED DISTRICT			Registra	ation Form						
School:							Grade	:	S	chool Ye	ar:	
		rmation (Please Pl	RINT student			appears on the						
Legal Las	t Name:			Legal First	t Name:	ı	Full Midd	e Name:		Gender:		Age:
2. L	angu	age										
What	: langu	age do people	speak in t	the hom	ne							
most	of the	time?					English	$\square$ Span	ish [	☐Othe	r	
What	langu	age does the s	tudent sp	eak mo	st of the	time?	English	□Span	ish [	Othe	r	
		age did the stu								Othe	r	
<i>-</i> -	_	-										
Hispanic/ Yes	/Latino?	□Black/African Ame		White		Black/African A	American	·	□White □Hispan	ic/Latino	•	
□Yes [		□Native Hawaiian/P		□White		□Black/African A	American	·	□White	ic/Latino	•	
☐Yes ☐	□No	□Native Hawaiian/P		□White	Zip:	□Black/African A	American  Pacific Islar	der	□White	ic/Latino  City:	State:	Zip:
7. Hom	□No ne Addre ial Address	□Native Hawaiian/P	City:	State:		□Black/African A Native Hawaiian/ Mailing Addres	American Pacific Islar s (if differer	der	□White	,	State:	Zip:
7. Hom Residenti	□No ne Addre ial Address ents / Gu	□Native Hawaiian/P ss ::	city:	State:		□Black/African A Native Hawaiian/ Mailing Addres	American Pacific Islar s (if differer	der t):	□White □Hispan	City:		Zip:
7. Hom Residenti	□No ne Addre ial Address ents / Gu	Native Hawaiian/P ss :: ardians - Must be ship: Mother Fatl	city:	State:	ergency Co	Black/African A Native Hawaiian/ Mailing Addres	American Pacific Islar s (if differer	der t):	□White □Hispan	City:	)	Zip:
7. Hom	No ne Addressial Address ents / Gu Relation Last Nan	Native Hawaiian/P ss :: ardians - Must be ship: Mother Fatl	City:  Legal Guard	State: ians –Eme	ergency Co	Black/African / Native Hawaiian/ Mailing Addres  ntacts listed b  Interpreter neurons	American Pacific Islar s (if differer	der t):	□White □Hispan	City:	)	

#### are used to Identify and place PHLOTE students



#### 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 the 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 <a href="mailto:before">before</a> 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

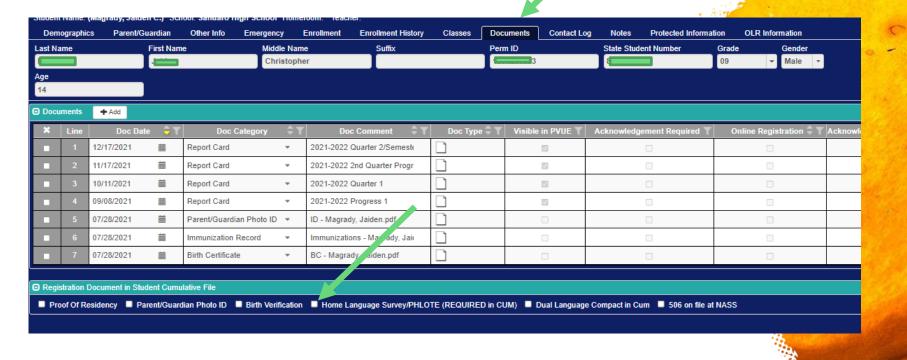




# Change of Response in Synergy

- 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...



#### 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 \*Please Note\* For students Re-registering in an SEI or LIEL TUSD 1: Classroom until The responses to the three language questions on the If the response to initial registration and HLS If all three responses are one or more forms is what will determine "English" on the questions is other than **Registration Form** student placement in the "English"... and HLS... appropriate language program. New Students to District: Place the student in a Check with your Language mainstream program, or if Assessment Coordinator requested and qualified, in a Administer (Language Acquisition) for EL Two Way Dual Language Program **AZELLA** status before test (TWDL) administration or placement. If student does not score "Proficient", the If the student scores "Proficient", the student becomes an IFEP, then the student is student becomes an English Learner (ELs); is placed in an SEI, LIEL or, if requested and placed in mainstream or, if requested and qualifies, in TWDL qualifies, in TWDL





#### chool's-PHLGTE nfo natio

	Date	
_	Date	

Page: 1 of 1

										_			_
SIS Num. / EdFi Num.	DOB	-	Teacher / Designation	PRG ~	PHL	EE	Status		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 Arabic	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 Spanish	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 Spanish	N	ELL	02/25/2019	PEB	PEB	231 I	2268 B	В
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 LIEL (Pull-Out)	(Pull-Out)	Spanish OOO English	И	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 Spanish	N	*PAR-WD	03/05/2018	PEB	PEB	182 PEB	2255 B	В
0123456789 / 12345678	Last Name, First Name D.O.B	3	Teacher		Spanish OOO Spanish	N	R-FEP	03/05/2018	281 P	302 P	301 P	2485 P	Р
0123456789 / 12345678	Last Name, First Name D.O.B	4	Teacher		Spanish OOO Spanish	Y	*R-IEP	02/07/2019	PEB	258 P	272 P	2461 I	I
0123456789 / 12345678	Last Name, First Name D.O.B	5	Teacher		Spanish OOO	И	R-FEP	03/03/2017	283 P	273 P	400 P	2515 P	Р

#### PHLOTE List Key

- 1. SIS Num. / EdFi Num. = Student SIS# (Matric/Permanent ID) and (SAIS/SSID)
- 2. Name/DOB= Student Name/Date of Birth
- 3. Grade
- 4. Teacher/Designation= Teacher and Class Designation
- 5. Prg= Student Program Participation in ELD/Bilingual (TWDL) or Withdrawn by Parent

Blank= No Program

SEI= Receiving Participation for Placement in an ELD Class

LIEL = 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

- 6. PHL= Primary Home Language Other Than English & 3 Language Question Responses
  - E= English
  - O= Language Other Than English
- 7. EE= Exceptional Ed. (Yes or No)
- 8. 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).

- 10. Oral SS Prof.= Oral Scale Score and Proficiency Level
- 11. Reading SS Prof.= Reading Scale Score and Proficiency Level
- Writing SS Prof.= Writing Scale Score and Proficiency Level
- 13. Total SS Prof.= Total Combined Scale Score and Proficiency Level
- 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
- PEB Pre-Emergent/Ba
- 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 <u>Parent Request</u> (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-FEP

R-FEP

I-FEP

I-FEP

ELL

I-FEP

I-FEP

R-FEP

\*PAR-WD

# Sample AZELLA Report

#### Student Report

#### **AZELLA**

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 red aloud. These students have minimal ability to independently decode and comprehend text, they have minimal ability to write words, phrases, or simple sentences.

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 is eligible for FLL services.

Student: LASTNAME, FIRSTNA

SAIS ID#: 12345678 **Student Demographic Information** 

Birth Date: Test Date: 99/99/9999

Grade: 99

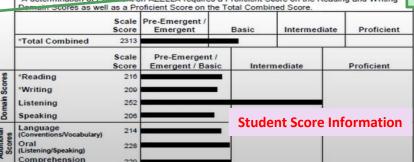
(Reading/Listening

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



Student **Proficiency** Level





# 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





# 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)

#### **Elementary SEI/LIEL/TWDL Models**

- 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



#### 2020-2021 School Year Language Acquisition Department Elementary SEI/LIEL/TWDL Models

d			
ı	School Name:	Principal:	Date:
1			

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 Lang. Acq. funded Bilingual TA. Also, include the Bilingual TA's time allotted per DL teacher

List the designated teacher(s) name(s) and grade. Check mark appropriate model

Teacher(s) Name TWDI TWDI (Low incidence EL) TA's Name TA Time 2nd

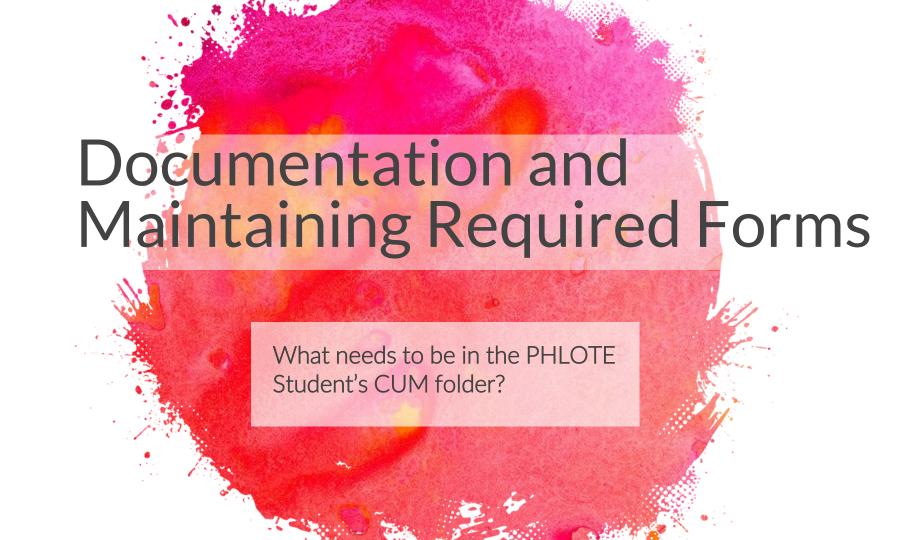
SEI/SEI-B (SEI Blend) Please note: (SEI-B formerly SEI Mix)

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

eminder: Place all ELs in a critical mass in 1 designated classroom by grade level in order to facilitate grade level collaboratio

LIEL Exceptional Ed.:





### **Documentation and File Compliance for PHLOTE Students**

- ✓ Registration Form
- ✓ Home Language Survey (HLS)

- Where the Cum Folder Documentation process begins
- ✓ 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)
- ♣ 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 K123456789101112 The collected reports of English proficiency assessment (LAS, SELP, and/or AZELLA) Copy of Permission to Assess Student with AZELLA (if applicable) Copy of valid Waiver form for Bilingual Education (if applicable) K123456789101112 □ 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 K123456789101112 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 Copy of valid Waiver form for Bilingual Education (if applicable) K123456789101112 Copy of student's Individual Language Learner Plan (No longer required but may be in K123456789101112 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 K123456789101112 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 From(s) Copy of valid Waiver form for Bilingual Education (if applicable) K123456789101112 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 K123456789101112 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 K123456789101112 Copy of valid Waiver form for Bilingual Education (if applicable) K123456789101112 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**

- wintering

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

Tucs	ON UNIFIED			Registra	ation Form				D	PHLOTE Occumentati	on
School	1				(	Grade:	School Ye	ar:			Arizona Department of Education
1. Stu	dent Information (Please PR	INT student	name exa	ctly as it a	appears on the bi	rth certificate)				-	Office of English Language Acquisition Services
Legal La	st Name:		Legal First	Name:	Fu	ll Middle Name:	Gender: □Male	Female	Age:	*	Home Language Survey
	Language	enenk in	tha han							3	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
mos	It language do people t of the time?						nish □Othe			Ser.	Correct any of your responses, this must be done <u>before</u> the student takes the AZELLA Placement Test.
	it language does the s it language did the stu				`	,				Ш	1. What language do people speak in the home <i>most</i> of the time?
⊓ <del>rs</del> panio	_		_ wmite•		□ DiaCk/Arrican Arrier Native Hawaiian/Paci		□ write ☐ Hispanic/Latino	•			2. What language does the student speak <i>most</i> of the time?
7. Hor	me Address										3. What language did the student first speak or understand?
Residen	tial Address:	City:	State:	Zip:	Mailing Address (if o	different):	City:	State:	Zip:		
8. Par	ents / Guardians - Must be I	egal Guard.	ians –Eme	gency Co	ntacts listed below	N					
٠ ج	Relationship:   Mother  Father						yes, which language?			1	Student Name District Student ID
ardia es Wit	Last Name:		First Name		Hom	ne Phone:	Cell Phone:	W	Vork Phone:		Date of BirthSSID
t/Gu	Military: □Active □Reserve	Start Date:			End	Date:					District or Charter



# Sample AZELLA Report

#### Student Report

#### **AZELLA**

Arizona English Language Learner Assessment Placement

Diane Douglas
Superintendent of Public Instruction

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

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Student is eligible for ELL services.

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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

	Sca Sco	e Pre-Emergent / e Emergent	Basic	Intermediate	Proficient
	*Total Combined 23	3	_		
	Sca Sco			rmediate	Proficient
Domain Scores	*Reading 2	6	-		
200	*Writing 2	9	-		
nam	Listening 2	2	_		
00	Speaking 2	6			
Scores	Language (Conventions/Vocabulary) 2	4			
Scor	Oral (Listening/Speaking)	8			
5	Comprehension 2: (Reading/Listening)	9			

#### 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)

<mark>status of your stu</mark>	dent's academic ach		
ow grade level	at grade level	above grade	e level
ription as defined	by A.R.S. § 15-751 t	through § 15-7 EI) Pull-Out M	lodel = LIEL in TUSD
	English Immersion (S		
	Language Immersion		
	th Waiver 1, 2, or 3 (I		ntal Waiver Request Application is require
methods to			te academic standards are based upon scientific research.
The expectation for grade promotion of the promotion of t	m high so	chool at the same rate	lasses, meet appropriate academic achievement standards as mainstream students. The teachers of special education bijectives of the Individualized Education Program (IEP) are
The status of you below grade leve	r student's academic achievem el at grade level	ent is: (circle one) above grade level	
	been placed into the following i1 through § 15-753):	English learner progr	am (see the attached LEA program description as defined
	ctured English Immersion (SEI) ctured English Immersion (SEI)		
	ctured English Immersion (SEI)	•	
50-5	0 Dual Language Immersion (E	DLI) Model	
Bilin	gual with Waiver 1, 2, or 3 (Bili	ngual Parental Waive	r Request Application is required)
	on the reading and writing don		chieve English language proficiency and exit the EL program: s a proficient score on the total combined score.
at any time after a		more information ab	ogram or to have their student withdrawn from an EL program out instruction, the various programs, or need assistance in or.
Signature of Class	sroom Teacher/Language Arts	Teacher	Date
Signature of Pare	nt/Guardian		Date
The Parental Not	ification and Consent Form mu	st be provided no lat	er than 30 calendar days after the beginning of each school

- 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.

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

### 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 Englis Parent/Guardian of an English learner must complete this application						
1	District Name School Name SSI						
	B	First Name					
	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) dircumstances 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 5° grade average, whichever is lower; or,
- Waiver 2 (A.R.S. §15-7538.2) My child is 10 years or older: it is the informed belief of the school principal and educational staff that an attender 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.5, §15-7538.3) My child has apecial 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 students are to English proficiency, that an alternate course of educational study would be better suited to the students overall educational development and rapid acquisition of English. A written description of no less than 250 world 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 several proposal and the local superintendent of schools.

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

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 Sec.

Kathy Hoffman, Superintendent of Public Instruction

Applicatio

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



### \*PAR-WD=Parent Withdrawn from ELD

Student Name

- Parent Reque
- 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

	Last Name		First Name	M.I.
SSID	District Student ID	)	School	Grade
removed Language student's English leand there English lebe monitor	from his/her designated Immersion, or Bilingual v teacher and/or principal, arner classroom. It is my fore, I consent to a mair arner services, I underst	I English learner with Waiver). I hav and I am reque belief that this constream classroom and that his/her the Arizona Eng	, I am exercising my right to r program (Structured English we discussed any alternative e sting that the student be plac urse of instruction is better suit in placement. While I have we progress in English language lish Language Learner Assess	h Immersion, 50-50 Dual ducational options with my ced in a mainstream, non-tited for my student's needs vithdrawn my student from acquisition will continue to
Signature	of Parent/Guardian		Date	
ESSA § 1	112(e)(3)(A)			
FOR OFF	ICE USE ONLY			
Current A	rizona English Language	Learner Assessr	nent (AZELLA) Proficiency Le	vels:
Reading_		Writing	Total Combine	ed
	, I acknowledge that I ha e to place the student ac		alternative educational option rent/guardian's wishes.	s with the parent/guardian,
Signature	of Principal		Date	
This form	should be placed in th	e student's cum	ulative 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





#### 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

Prior School Vear



#### 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

the student has was previously	s already demonstrated an	Overall Proficiency Level of	Language (ASL) Home Language Survey, or f Proficient on an AZELLA Test, or the studen to SPED Criteria by the student's IEP Team
their student b into EL Progra	eing administered an AZE am Services, SEI, DLI, or	ELLA Placement Test, they n BIL if their student scores ar	ement Test is required. If the parent(s) agree t nust also agree to their student being placed a Overall Proficiency Level of less than lish Learner Program is not appropriate.
Date	Student Name		
District		School	Current Grade
Parent Confe	rence Date		
Check one:			
Student wa	as Reclassified Fluent Eng		ted) on the Home Language Survey.  nost recent AZELLA Test dated  —·
proficiency the classroom and Such evidence only peers usinterrupted sch	at cannot be adequately ad l/or other language suppor should include assessme ng classroom, school-wid	ddressed with appropriate diff t such as tutoring, before/afte nt information demonstrati e, district-wide, and state-wid who are currently within the	om based on a lack of English language ferentiated instruction in a mainstream er school compensatory instruction, etc. ing performance below the student's English- de ELA tests, and/or documentation of ir required 2 years of monitoring, the student's
(Grades 3-12)	FY2022 Achievement EL	.A: Deartially Proficient D	Proficient
Prior School	Year:		
End-of-year S	tudent's School Report Ca	ard Grades: English Languag	ge Arts Reading
End-of-year (l	ast quarter) District ELA	and Reading assessment data	a:
Date:	Result:	Name of Distric	t Assessment:
Date:	Result:	Name of Distric	t Assessment:

End-of-year (las	t quarter) School/Class	ELA and Reading assessment data:	
Date:	Result:	Name of Assessment:	
Date:	Result:	Name of Assessment:	
Other assessmen	nt data:		
Student is cu	urently performing below	w his/her English-only peers in the mai	nstream classroom.
Justification (na	rrative) for referral:		
	Placement Test must be from the date parent(s	e administered and the parent(s) not signed this form.	ified of the results within 2
Signature of Pare	nt(s)/Guardian(s)		Date
Signature of Refe	rring Teacher		Date
Signature of Dist	rict EL Coordinator		Date
Signature of AZE	LLA District Test Coordin	aator	Date
(If applicable) Si	mature of Special Education	on Director or IEP Team Representative	Date
Team (AZELL	A@azed.gov). This form	e contact the Arizona Department of Ec must be made available to the Arizona e student's cumulative file.	

 Used when student is referred for **AZFLLA** testing

 Must be appropriately signed and dated

Arizona Department of Education + Assessment + SY 2022-2023 + AZELLA Placement Test Referral Form - Moving from Mainstream to EL Services + 6/09/2022 + Page 2 of 2

## **AZELLA Placement Test Referral Form**



#### 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 readministration 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 <u>Assessments</u> AZELLA Team at <u>AZELLA@azed\_gov</u> 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.

	ed in a mainstream classroom.	for this refesting opportunity because the				
DateS	tudent Name					
District	School	Current Grade				
Start of the Scho	ool Year AZELLA Placement Testi	ng				
(2) calendar weeks aft	of a new AZELLA Placement Test at the start er the student's first day of school for the curre to his/her English-only peers during a summe	•				
☐ Student performed comparably to English-only peers for the summer school language arts/reading course/class.						
Summer School Cours	e/Class					
Teacher	Date(s) o	f Course/Class				
Student's Most I	Recent AZELLA Results					
Test Date	(must be from the previous school	year)				
Overall Proficiency Le Intermediate.	evel (OPL) must be Intermediate. The Total (	Combined proficiency level must be				
The proficiency level	for the domains listed below must be either I	ntermediate or Proficient and the scaled scores				

Listening:

□ Intermediate

☐ Proficient

Scaled Score

Speaking:

☐ Intermediate

☐ Proficient

Scaled Score

Reading:

□ Intermediate

☐ Proficient

Scaled Score

Writing:

□ Intermediate

☐ Proficient

Scaled Score

classroom, se	hool-wide, district-wide, a	cluding prior school year end-of-year assessment information using nd state-wide tests (FY2022 ELA assessments) must be provided to rel AZELLA Placement Test.	fer
(Grades 3-12)	FY2022 Achievement EI	LA: 🗆 Partially Proficient 🗆 Proficient 🗆 Highly Proficient	
Prior School	Year:		
End-of-year S	Student's School Report Ca	ard: 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 assessn	nent data:		
Justification (	narrative) for referral:		
I —			
If the student	attained an Overall Profici	iency Level of Proficient on this new re-administration of the AZELL	A
	•	classified Fluent English Proficient (RFEP) and transferred to a mainstr	eam
		tunity. This student will begin the Fluent English Proficient (FEP1) LLA tests may not be used after the student's RFEP status. FEP Monito	ning
		glish Language Acquisition Services (OELAS).	
Required Sig	natures:		
			_
Signature of R	eferring Teacher	Date	
Signature of D	istrict EL Coordinator	Date	_
Signature Of D	Date 25 Continuo	Date	
Signature of A	ZELLA District Test Coordi	nator Date	_
For questions	regarding this form, plea	ase contact the Arizona Department of Education's Assessments AZI	ELLA

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

Advance Department of Education • Assessment • SV 2022-2023 • AZELLA Placement Test Referral Form — Moving from EL Services to Mainstream • 6/14/2022 • Page 2 of 2

- 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 **Documentation Students**

- 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 da		ogress of Fluent English				
			ear l	Year 2			
	Test Name	Test Date	Test Score	Test Date	Test Score		
ide							
State-wide							
Sta							
£ 0							
wide							
District-wide, School-wide							
Dist							
-							
		Y	ear 1		Year 2		
Other criteria used for monitoring the FEP student. Classroom teacher comments.							
Ciassio	on teacher comments.						

Student is eligible for Compensatory Instruction	Year 1 Year 2	
Monitor's Signature - Year 1	Date:	
Monitor's Signature - Year 2	Date:	

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

TUSD

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

# 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, <u>must</u> have this form in their PHLOTE folder or an EL70 report if withdrawal was processed out of district

#### IEP Team Determination: Discontinuation of English Language Learner Services

Student's Last Name		First Name	Matric
School	Grade	EE Category	Date of Meeting
proficiency on the AZELL. intervention. Therefore, the AZELLA assessment due to The nature of the handi	A and has determined the e student will be exclude to one of the following re	at the student's disability is ad from any further English asons: revent the student from ma	r ability to attain English language the primary education focus for Language Learner (ELL) services and king reasonable progress and/or
		OR	_
			ee years of ELD instruction and/or that the

AZELLA Date	(Liste	Oral ning/Spea	aking)		Reading			Writing			Overall			
	Performance Level		Performance Level		Performance Level		Overall Performance Level							
	PEB	I	P	PEB	I	P	PEB	I	P	PEE	В	I	P	

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)



#### 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 Acquisit

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



SharePoint - AZELLA/PHLOTE Compliance



# Q&A

Thank You!

Thank You!

Language Acquisition Department 520-225-4600

