

**Request to Administer the Annual CELDT to a Student not on the Testing List
Examiners are not allowed to test anyone not on their list**

Student's Name: _____ ID (from Register): _____ Birth Date: _____

School: _____ Teacher: _____ Grade: _____

For Testing Facilitator's Use

Is there a: CELDT/EL sticker on the front of the CUM Folder? If yes, what is the date? _____

I-FEP, or R-FEP sticker? (Circle; leave blank if none) Date: _____

If no sticker, is there an Initial Pupil Profile form in the CUM folder? If so make a copy

If no IPP, is there an HLS that indicates a language other than English? If so make a copy

If the HLS indicates a language other than English, is there any evidence that the student has previously taken the CELDT indicated either by a sticker on the back cover of the CUM or a green and white "Student Proficiency Level Report"? Make a copy of the Report or note: Grade ____, Form ____, and Scale Scores: Listening ____, Speaking ____, Reading ____, Writing ____

If the HLS indicates a language other than English, and there is no evidence of a previous CELDT, is there any evidence that the student has attended a school in California after July 1, 2001? Yes ____ No ____

If yes, what was the most recent school, school district, and city? _____
Address (if available) _____ Phone number _____ Fax. _____

RAP Center Use

Needs CELDT Yes No

Initial
Annual

Comments: _____
