



CALIFORNIA
DEPARTMENT OF
EDUCATION

JACK O'CONNELL
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

September 1, 2009

Dear CELDT District Coordinators:

CELDT Score Request Form

State law (*Education Code* Section 60810) and federal law (No Child Left Behind Act of 2001 Title 3, Subpart 2, Section 3121(d)(1)) require the evaluation of the progress of children in attaining English proficiency "...including a child's level of comprehension, speaking, listening, reading, and writing skills in English." The previous school districts are required to maintain California English Language Development Test (CELDT) individual student scale scores. When a student transfers to a different district and that district requests previous CELDT scores, the new district must transfer the results from the previous CELDT administration for each student's overall proficiency level and for each domain (listening, speaking, reading, and writing).

Each pupil's CELDT records shall be transferred by the sending district within 20 calendar days (*California Code of Regulations, Title 5, Section 11512*). Transfer of student scores is the responsibility of each CELDT District Coordinator.

The receiving school or school district should complete the first two sections of the form and send it to the school site CELDT Coordinator of the student's school of origin. The school providing the scores must complete the third section of the form and fax or mail it back to the receiving school in a timely manner. Because this form contains secure individual student data, the CELDT Score Request Form cannot be e-mailed.

If you need assistance or have further questions, contact the Statewide Assessment Division, CELDT Office at 916-319-0784 or by e-mail at celdt@cde.ca.gov.

Sincerely,

/s/

J. T. Lawrence, Director
Statewide Assessment Division

JTL:lr



Request Form

California English Language Development Test (CELDT) Score

To: CELDT District Coordinator

Directions: Under state and federal law, schools and school districts are required to provide student CELDT results to schools receiving English learner students. Please complete the CELDT Score section of this form and return it to the receiving school immediately.

Receiving School's Information

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

Requestor's Name		District
Phone	Fax	E-mail
Mailing Address	City	Zip Code

Student Information

Last Name	First	Middle	Other Name Used (Last, First, Middle)
Birth Date (mm/dd/yy)		Current Grade	
Previously Enrolled School District		Current Enrolling School District	
Previous Enrolled School Site		Current Enrolling School Site	
Phone: _____		Phone: _____ Fax # _____	

CELDT Score

Has student taken the CELDT? _____ No _____ Yes **SSID #:** _____

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

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

	Scale Score	Level	Date Testing Completed _____
Listening	_____	_____	Test Edition _____
Speaking	_____	_____	Test grade span _____
Reading	_____	_____	
Writing	_____	_____	
Overall	_____	_____	

Comments: _____

School District

Signature (Previous Enrolled School Site Representative) Printed Name Date