

# LTi The ACTFL Testing Office

3 Barker Avenue, Suite 300, White Plains, NY 10601

FAX: 914-963-7113

www.languagetesting.com

## ACTFL LANGUAGE PROFICIENCY ASSESSMENTS

### FOR STATE OF VIRGINIA PROSPECTIVE TEACHERS

Complete and return this application with a signed test-taker and completed proctor form by mail or fax to the address listed above

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LAST 4 DIGITS OF SOCIAL SECURITY #: \_\_\_\_\_

PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED): \_\_\_\_\_

1. **RETEST:** Is this your first time taking an OPI or WPT in this language? (Circle one) **YES or NO**

2. **TYPE OF ASSESSMENT(S) NEEDED:** (Check from selections below)

Telephonic ACTFL Oral Proficiency Interview (OPI)

ACTFL Writing Proficiency Test (WPT)

3. **CIRCLE LANGUAGE TO BE TESTED:** (\*\*PLEASE SUBMIT ONE FORM PER LANGUAGE\*\*)

English Spanish Italian French German Japanese other: \_\_\_\_\_

4. **WHERE WILL YOU TAKE YOUR TEST? Choose from the options below:**

**At Parlez Vous Foreign Language and Culture Center – Alexandria, VA (Official ACTFL Test Site - No Proctor Form is required.)** Parlez Vous proctors ACTFL tests regularly on Monday through Thursdays, 1 PM to 7 PM, and Saturdays by appointment. Parlez Vous requires an additional test proctor fee to be paid directly to Parlez Vous on the date of the test. The OPI test proctor fee will be \$35, the WPT test proctor fee will be \$45, and the combined cost of both will be a discounted rate of \$70.

**At my school or college\*** (A PROCTOR AGREEMENT FORM WITH YOUR APPLICATION IS REQUIRED) proctor at a K12 school or school district may **only** be a Principal, Assistant Principal, Dean, Administrative Assistant to the Principal, School District HR personnel, or Academic Chair. A proctor at a college may be a Professor, Department Chair, Dept. Administrative Assistant or Teacher Education Coordinator. No other staff positions may act as proctors.

**\*For WPT Test-Takers, this option is only available in English, French, German, Italian and Spanish – all other WPT languages are administered only at Parlez Vous in booklet form.**

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NAME OF PROCTOR \_\_\_\_\_ TITLE \_\_\_\_\_

PROCTOR EMAIL: \_\_\_\_\_ PROCTOR TELEPHONE: \_\_\_\_\_

## 5. **PLEASE INDICATE WHEN YOU ARE AVAILABLE TO TEST:**

**AT PARLEZ VOUS:** If you are requesting to test at Parlez Vous, please indicate the dates and times you are available to go to Parlez Vous, Monday-Friday between 9 am and 4pm. The earliest date should be 10 business days from the date you submit your application.

**AT YOUR SCHOOL:** If you are requesting to test at your K12 school or college, provide a RANGE of availability (dates & times) that you and your proctor could do the test. Allow at least 10 business days from the date of your request submission, if you are submitting completed proctor forms with this application.

DATES: \_\_\_\_\_ TIME: From \_\_\_\_\_ To \_\_\_\_\_

DATES: \_\_\_\_\_ TIME: From \_\_\_\_\_ To \_\_\_\_\_

## 6. **CONFIRMATION OF TEST DAY, TEST STATUS AND RESULTS:**

Once your application has been processed, your proctor and you will be sent separate e-mails with your test date, time and other instructions. This e-mail will provide a unique ID and PASSWORD to access your test information and status on the LTI Test Candidate Website ([www.languagetesting.com/individual](http://www.languagetesting.com/individual)). Please keep this important e-mail and website information. Using this website and secure passwords, you will be able to check the status of your test result. On this website, you will have the option to print your final rating certificate. Please allow UP TO 4 WEEKS from the date of your test to receive your final rating.

## 7. **OTHER IMPORTANT TEST INSTRUCTIONS:**

- **If you are taking your test at your own school, the Proctor Agreement Form must be completed by your proctor and submitted with your application. Your application will not be processed without a completed proctor form. If your application is received without proctor forms, you may be asked by e-mail to supply new dates once proctor forms are received and approved.**
- A signed Test-Taker Acknowledgement and Consent Form must be submitted with your application.
- Be sure to arrive at the test site 15 minutes prior to the above test time. Please bring two forms of picture identification with you.
- Inform us immediately if you will not be available at the scheduled time and date. If you notify us later than one business day before the scheduled day of the test, you will be charged a fee of \$55.00 for a missed appointment.
- To reschedule this test, you must do so by e-mail to: [admin@languagetesting.com](mailto:admin@languagetesting.com), at least one business day in advance of the above date, advising us of new dates. You may also mail the information to the address

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above. Please allow 10 business days from the date of your submission of new information for a new test date/time.

- If you must cancel this application you will be charged a fee of \$55. The balance of your payment will be refunded to you.

## 8. PAYMENT & FEE(S):

ORAL PROFICIENCY INTERVIEW (OPI) TEST FEE: \$134.00

WRITING PROFICIENCY TEST FEE (WPT): \$65.00

- OTHER **OPTIONAL** LTI SERVICES & FEES:

- EXPRESS SERVICE FEE: \$50 (final rating will be posted within two weeks)
- CERTIFIED COPY OF FINAL RATING CERTIFICATE: \$10

Send certified copy to address: \_\_\_\_\_

- ACE TRANSCRIPT & COLLEGE CREDIT SERVICES: \$75

**TOTAL CHECK/CHARGE INCLUDING TEST FEE(S): \$\_\_\_\_\_ . 00**

**METHOD OF PAYMENT:**

- A CHECK FOR THE TEST FEE(S) PAYABLE TO: **LTI, Inc.**
- PLEASE CHARGE THE TEST FEE(S) TO A CREDIT CARD (COMPLETE SECTION BELOW)

MASTERCARD/VISA/DISCOVER (circle one) Card #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Note: all charges require the card holder's signature

**TEST-TAKER ACKNOWLEDGEMENT CONSENT AND WAIVER FORM**

The ACTFL Oral Proficiency Interview (OPI) is a nationally recognized structured interview distributed by Language Testing International (LTI) for assessing oral proficiency according to the 1999 Revised ACTFL Proficiency Guidelines - Speaking. The interview will be administered by an ACTFL trained and certified oral proficiency tester and will last between 15 and 30 minutes. A recording of the interview will be made for the purpose of allowing two ACTFL certified testers to independently rate the candidate's speaking proficiency based on the descriptors of language proficiency in the 1999 Revised ACTFL Proficiency Guidelines - Speaking. The content of the interview, including any actual responses or opinions expressed during the interview, will not have any effect on the candidate's rating.

I hereby acknowledge and agree that the purpose of this test is to evaluate my oral (speaking) proficiency. I hereby give my consent to LTI to record my interview for that purpose. I further give my consent for LTI to release my rating to the named party on my application.

I understand and agree that the recording of my interview becomes the exclusive property of LTI, that LTI will maintain it as strictly confidential, and that it will not be released to me or any other party under any circumstances, because the interview questions and protocols are copyrighted materials, and their release would compromise the validity of the test. I acknowledge that LTI will provide me the published, standard ACTFL description of my rating as part of the standard procedure and cost of testing, I also acknowledge that I have the option of purchasing a detailed, individual written report of my test results, developed by an ACTFL trained and certified oral proficiency expert, for an additional fee. If I have a question about my rating, I agree to abide by LTI's rating review process, and/or my employer's/schools' disclosure policy.

I agree that any use of my rating on the OPI shall be completely within the purview of my employer or any other party I have authorized to receive my rating. Accordingly, I shall have no legal rights against LTI for any decision made by my current employer, school or any other party I have authorized to receive my rating. I agree to hold LTI harmless against any claims of damages because of any such decisions made by others, whether based on my rating alone or in combination with any other factors.

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_