

**Virginia Department of Education  
English Language Proficiency Assessment Form  
2002-2003**

School Division: \_\_\_\_\_ School Division Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Directions:** List the English language proficiency assessment instrument(s), skill areas assessed, and grade levels for its intended use in the chart below. Submit this form with your locally selected and/or developed assessment instruments for review.

English Language Proficiency Assessment Instrument(s) Submitted to Meet Requirement	Skill Area(s) Assessed by Instrument	Grade Level(s)	Evaluation Summary (To be completed by SEA)			
			Fully Demonstrated	Adequately Demonstrated	Inadequately Demonstrated	Not Demonstrated
	<input type="checkbox"/> Speaking <input type="checkbox"/> Listening <input type="checkbox"/> Reading <input type="checkbox"/> Writing	<input type="checkbox"/> K-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> Other _____ (specify)				
	<input type="checkbox"/> Speaking <input type="checkbox"/> Listening <input type="checkbox"/> Reading <input type="checkbox"/> Writing	<input type="checkbox"/> K-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> Other _____ (specify)				
	<input type="checkbox"/> Speaking <input type="checkbox"/> Listening <input type="checkbox"/> Reading <input type="checkbox"/> Writing	<input type="checkbox"/> K-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> Other _____ (specify)				

**DUPLICATE THIS PAGE AS MANY TIMES AS NECESSARY.**

Return completed form <b>on or before March 15, 2003</b> to: Roberta Schlicher, ESL specialist Virginia Department of Education 101 North 14 <sup>th</sup> Street Richmond, Virginia 23219 Phone: (804) 786-1692 Fax : (804) 786-5466
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