

## Attachment A to Info. Supts. Memo No. 83

### Board Approval Process to Evaluate Locally Selected or Developed English Language Proficiency (ELP) Assessments

If school divisions choose to submit a locally developed or selected assessment to use in lieu of the state-approved ELP test, *ACCESS for ELLs®*, the following information must be submitted:

- the completed attached cover sheet;
- documentation of formal studies showing alignment to the Virginia adopted World-Class Instructional Design and Assessments (WIDA) Consortium English Language Proficiency Standards of Learning;
- documentation of formal studies showing the comparability of scores from the submitted test to scores resulting from *ACCESS for ELLs®*;
- documentation that the assessment includes all four skill areas (reading, writing, listening, and speaking); and
- documentation that the assessment adheres to psychometric guidelines for reliability and validity according to the Standards for Educational and Psychological Testing of the American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education.

The division's choice of ELP assessment and required documentation will be reviewed by the Department of Education. Recommendations will be presented to the Board of Education for final approval.

If you have questions or need additional information, please contact the Office of Test Administration, Scoring, and Reporting by e-mail at [Student\\_Assessment@doe.virginia.gov](mailto:Student_Assessment@doe.virginia.gov) or by telephone at (804) 225-2107.

Virginia Department of Education  
2008-2009 English Language Proficiency Assessment  
Locally Developed or Selected Assessments

Cover Sheet

Please complete this form for all assessments submitted with required documentation. Submit by June 27, 2008, to:

Virginia Department of Education  
Office of Test Administration, Scoring, and Reporting  
P.O. Box 2120  
Richmond, Virginia 23218-2120

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

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

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

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

English Language Proficiency Assessment:

\_\_\_\_\_

**Testing Plan**

1. Grade Level: (Check the grade level(s) for which the assessment will be used.)

\_\_\_\_\_ Grades K-1      \_\_\_\_\_ Grade 2      \_\_\_\_\_ Grades 3-5

\_\_\_\_\_ Grades 6-8      \_\_\_\_\_ Grades 9-12

2. Skill Area: (Check all that apply to the assessment.)

\_\_\_\_\_ Listening      \_\_\_\_\_ Speaking      \_\_\_\_\_ Reading

\_\_\_\_\_ Writing

(Photocopy as needed)