

**Virginia Department of Education
2009-2010 English Language Proficiency Assessment
Locally Developed or Selected Assessments**

Cover Sheet

**Please complete this form for all assessments submitted with required documentation.
Submit by October 30, 2009.**

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.)

Kindergarten Grades 1-2 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)