



TO: _____

CALIFORNIA ENGLISH LANGUAGE DEVELOPMENT TEST

Request Form

California English Language Development Test (CELDT) Score

To: Site CELDT 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 _____ HAYWARD USD
District

510/293- _____ 510- _____
Phone Fax E-mail

Mailing Address _____ HAYWARD
City Zip Code

Student Information

Last Name _____ First _____ Middle _____ Other Name Used (Last, First, Middle) _____

Birth Date (mm/dd/yy) _____ Current Grade _____

HAYWARD USD
Current Enrolling School District _____ Current Enrolling School Site _____

Sending Enrolled School District _____ Sending Enrolled School Site _____
Phone: _____ Phone: _____ Fax # _____

CELDT Score

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

***IF NOT, WHY** _____

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

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

	Scale Score	Level	INITIAL OR ANNUAL? (Circle one)
Listening/Speaking	_____	_____	Date Testing Completed _____
Listening	_____	_____	
Speaking	_____	_____	Prim Lang test info:
Reading	_____	_____	Oral _____
Writing	_____	_____	R/W _____
Overall	_____	_____	

Comments: _____

Signature (Previous Enrolled School Site Representative) _____ Printed Name _____ Date _____