

ENGLISH LANGUAGE DEVELOPMENT ASSESSMENT INFORMATION

VENTURA COUNTY SELPA IEP

Student Name _____ D.O.B. _____ Meeting Date _____

Native Language: _____

Language used to communicate with parents: _____ Other languages spoken in home: _____

Student's ELD level: Listening _____ Speaking: _____ Reading: _____ Writing: _____

Assessment Instrument: _____ Date of most recent assessment: _____

Accommodations or Modifications for California English Language Development Test (CELDT)

(Refer to Accommodations and Modifications page to ensure that those provided for CELDT are consistent with those used in instruction.)

Student will participate in CELDT:

- No accommodations/modifications Accommodations Modifications Part, specify sections to be taken: _____
- Alternate assessment (specify) – must assess reading, writing, listening, speaking: _____

ACCOMMODATIONS – *NOTE: Accommodations are available to all students (not coded on student cover sheet of CELDT), additions or changes do not require revision of the IEP.*

CONTENT AREAS	SETTING	SCHEDULING	PRESENTATION	RESPONSE
Listening/Speaking				
Reading				
Writing				

MODIFICATIONS – *(NOTE: Must be coded on student cover sheet of CELDT and may be provided only if necessary to allow student access to the test-taking process.)*

CONTENT AREAS	SETTING	SCHEDULING	PRESENTATION	RESPONSE
Listening/Speaking				
Reading				
Writing				

See Appendices II-A and II-B for allowable accommodations and modifications on CELDT.

Note: A copy of this page must be forwarded to school district office or site staff person responsible for CELDT.