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October 23, 2015

**To:** Superintendent of Public School Districts  
Charter School Principals  
Bilingual/ESL Coordinators/Directors  
Chief Information Officers and Data Directors

**From:** Angelica Infante-Green

**Subject:** Procedures for Obtaining NYSITELL/NYSESLAT Scores for Students Who Transfer Between New York State School Districts

*a one-time  
screening  
tool*

This memorandum provides procedures for school districts to obtain the scores for the New York State Identification Test for English Language Learners (NYSITELL) or New York State English as a Second Language Achievement Test (NYSESLAT) for students who transfer between New York State (NYS) school districts. It is in the student's best interest that districts provide the necessary information in a timely fashion and it is anticipated that districts will do so. This memo provides the necessary guidance and procedures for rare, unusual situations. Also included are the required forms to establish the identity and authorization of individuals who seek to access and/or disclose student's NYSITELL/ NYSESLAT scores.

Commissioner's Regulation Part 154 establishes legal requirements for the education of English Language Learners (ELLs) in New York State. Section 154-2.3 describes the responsibilities of school districts relating to the ELL identification process. In NYS, ELL screening, identification, and placement must be completed within 10 school days of enrollment. New students identified as potential ELLs based on a Home Language Questionnaire and an Individual Interview must take the NYSITELL.

The NYSITELL determines English language proficiency and eligibility for ELL services. Original copies of NYSITELL score sheets and all results must be placed and remain in each student's cumulative record, whether or not he or she is found to be an ELL. On a yearly basis, students identified as ELLs take the NYSESLAT to ascertain whether the student continues to be an ELL. A school district may not re-administer the NYSITELL a second time when a student's original district fails to send that student's prior NYSITELL or NYSESLAT score.

Cc: Lissette Colón-Collins, Assistant Commissioner of Bilingual Education and World Languages  
Kathleen Moorhead, Executive Director of Data Systems and Educational Technology

## Procedures

When a student transfers between New York State school districts, the receiving district can secure the student's previous NYSITELL or NYSESLAT score (whichever is the most recent) by following the instructions outlined in Table A below. ***A school district may not re-administer the NYSITELL a second time when a student's original district fails to send that student's prior NYSITELL or NYSESLAT score.***

### Table A – Instructions

**Step 1:** The school district receiving the student should contact the district from which the student has transferred (the sending district) to secure the student's previous NYSITELL or NYSESLAT score (whichever is the most recent).

**Step 2:** If the new school district is unable to secure the student's previous NYSITELL or NYSESLAT score by the fifth school day from enrollment, the new school district must contact its local Regional Information Center/Big 5 Scanning Center, which in turn, will contact the sending district's Regional Information Center/Big 5 Scanning Center to secure written authorization from the sending district to provide the student's previous NYSITELL or NYSESLAT score to the new school district/RIC/Big 5 Scanning Center.

**Step 3:** If the new school district is unable to secure the student's NYSITELL or NYSESLAT score by the eighth school day from enrollment and has followed Steps 1 and 2 above, the district must complete the attached Form A and provide the student's parent or guardian with Form B for completion. The school district must mail the fully completed forms (Forms A and B) in this application to:

**Office of Bilingual Education and World Languages**

**55 Hanson Place, Room 595**

**Brooklyn, NY 11217**

School districts must maintain documentation that each of the steps outlined above has been completed.

**Application Form for NYSITELL/NYSESLAT Scores  
of Students Who Transfer Between New York State School Districts (Form A)**

The purpose of this application is to establish the identity and authorization of an individual who seeks access to and/or disclosure of a student's scores on the State Identification Test for English Language Learners (NYSITELL) or New York State English as a Second Language Achievement Test (NYSESLAT).

Pursuant to your inquiry about, or request to disclose, a student's scores on the NYSITELL or NYSESLAT, you are asked to provide the following information to the Department to confirm your identity and establish your eligibility to receive or direct disclosure of such records. This form must be **completed** and **notarized** in order for the New York State Education Department to comply with any request or inquiry for the disclosure of protected educational record(s), information, or data.

**School District and Student Information**

**School Name:** \_\_\_\_\_

**School BEDS Code:** \_\_\_\_\_

**School Address:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**School Program Contact:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Student First Name:** \_\_\_\_\_

**Student Middle Name:** \_\_\_\_\_

**Student Last Name:** \_\_\_\_\_

**Student Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**School Information (where student took the assessment(s)):**

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Grade Level of Student in School from Which the Student Transferred:** \_\_\_\_\_

**Local Student ID:** \_\_\_\_\_

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**Identity, Verification, and Authorization (Form B)**

I, \_\_\_\_\_, (print name) hereby affirm that I am  the eligible student or  a person in parental relationship to or  a legal guardian of the student [check appropriate box], \_\_\_\_\_, (print student name) to whom the confidential educational record(s), information or data relate. I affirm that I know of no reason for which I am lawfully prevented from receiving or authorizing release of the requested confidential educational record(s), information, or data.

My mailing address is:

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My daytime telephone number, with area code, is: \_\_\_\_\_

I specifically authorize the New York State Education Department to release the following confidential educational record(s):

**The previous score of the student named above on the New York State Identification Test for English Language Learners (NYSITELL) or New York State English as a Second Language Achievement Test (NYSESLAT), whichever is the most recent, and the name, student identifier, or other personally identifiable information needed to link the student to such score.**

*Note: This authorization applies only to records possessed or maintained by the New York State Education Department.*

I hereby give the New York State Education Department permission to provide the personally identifiable educational record(s) information or data specified above to (check box):

Myself (the person filling out this form)

Third party (fill in name and contact information): \_\_\_\_\_

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*Note: This authorization shall remain in effect until it is revoked in writing.*

Do you authorize the New York State Education Department to transmit protected educational record(s), information, or data (check box):

Yes

No

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

Fax Number: \_\_\_\_\_

I understand that the New York State Education Department will rely on this document both for verification of identity and as authority to provide consent to release confidential educational record(s), information or data.



