

English Language Proficiency Assessment
Attestation Document

Name of LEA _____

Name of LEA Designee* _____
(*Person responsible for the administrative oversight of the English
language proficiency assessment)

I attest that all English language proficiency assessments are administered
by individuals who are proficient in English and are trained to administer
and score the test.

I have attached a list of those qualified individuals.

**This form is to be filled out at the beginning of each school year and retained in the
ELL Monitoring notebook.**

Printed name of LEA Designee

Signature of LEA Designee

Date