English Language Proficiency Test (ELPT)
Request for Exemption

Submission Information
Date:_________________________
School System Name: _____________________________________________
School Name: ______________________________________________________
School Site Code:____________________________________________________
District Test Coordinator: ___________________________________________
School Test Coordinator: _____________________________________________
Person Requesting Exemption: _______________________________________

Student Information
Student’s Last Name (First three letters only): _________________________
Student’s First Name (First letter only): ________________________________
Louisiana Secure ID (LASID):_________________________________________
Day of Birth: __________

Domain Exemption Requested
________ Listening        ________ Speaking

Reason for exemption as outlined in student’s current IEP or IAP:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
Please return this completed document to assessment@la.gov no later than January 4, 2020. All requests for exemptions must be reviewed by LDOE staff.