

**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:**

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Please return this completed document to [assessment@la.gov](mailto:assessment@la.gov) no later than January 4, 2021. All requests for exemptions must be reviewed by LDOE staff.