

**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 5. All requests for exemptions must be reviewed by LDOE staff.