



## EL First Year Exemption Request for Multiple Students

Complete this form **for all English Learners** in first year status who need an exemption from the DeSSA ELA or SAT Reading.

**Note: For students who leave the county and return and for students who were born here and do not have immigration dates, provide evidence of their enrollment dates. The student must have documented proof that he/she has been attending a US school for less than 12 cumulative months.**

**Directions:** The EL Coordinator/District Test Coordinator or designee must submit to the DOE Help Desk at least 10 business days before the assessment date. **You may not input this EL First Year exemption in TIDE and eSchool without DOE approval.**

District/Charter: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Select one:     DeSSA ELA/Literacy     SAT Reading     DeSSA-Alt ELA

Student Information	Entry Date in US Schools	Student has been enrolled in a US school for less than 12 cumulative months and is an identified EL.	Has the student previously received this exemption?  (If yes, explain)	Evidence
Name: _____ Student ID: _____ Grade: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Name: _____ Student ID: _____ Grade: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Name: _____ Student ID: _____ Grade: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Name: _____ Student ID: _____ Grade: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Name: _____ Student ID: _____ Grade: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Name: _____ Student ID: _____ Grade: _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Yes <input type="checkbox"/> NO	

**Assurance:** I certify based on the evidence indicated above that the student qualifies for the first year EL exemption approval and has not been granted this approval prior to this year.

\_\_\_\_\_  
Printed Name/Role

\_\_\_\_\_  
Signature