

Braille Order Form

English Language Proficiency Assessment (ELPA) Summative and Screener

[Test administration window](#)

This order form will only be processed if it is submitted and signed by the District Test Coordinator. Return completed forms to carla.martinez@ode.oregon.gov. The braille ELPA Summative and Screener may be ordered at any time. Place braille ELPA Summative orders at least two weeks prior to the desired testing date. The braille version ELPA Summative or Screener may be appropriate even for students who do not read or write braille. Please see the [Braille Version Information Sheet](#) on the [OSAS portal](#) for more information. Please contact your [Regional ESD Partner](#) with questions.

District Name: _____

District ID: _____

When completing the table below, you must include the School Name and School ID. The School ID can be found at <https://www.ode.state.or.us/instd/>.

School Name(s)	School ID(s)	Student SSID	Student Grade	List Any Domain Exemptions (per student's IEP)	Braille Designation* (Uncontracted or Contracted)	Version
						<input type="checkbox"/> Screener <input type="checkbox"/> Summative
						<input type="checkbox"/> Screener <input type="checkbox"/> Summative
						<input type="checkbox"/> Screener <input type="checkbox"/> Summative

* If no designation is specified, test materials will be produced in uncontracted braille. Materials are embossed single sided.

NOTE: There is a required training for all braille ELPA Test Administrators. Remember, if the student is exempted from any ELPA domains, that information must be reflected in the student's IEP and must be coded into TIDE prior to the braille form being ordered.

District Test Coordinator (DTC): _____
(Please print)

Phone Number: _____

DTC Email Address: _____

DTC Signature: _____

Date: _____