Apportionment Information Report and Certification
California English Language Development Test (CELDT)
2007-2008 Report

Return Form To:
Korri Wong
California Department of Education
Standards and Assessment Division
1430 N Street, Suite #5408
Sacramento, CA 95814

California Department of Education
Standards and Assessment Division

To:
Standards and Assessment Division
California English Language Development Test (CELDT)

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2007-2008 Report
California
Department
of Education
Standards and Assessment Division

1430 N Street, Suite #5408
Sacramento, CA 95814

County Name | Alameda
---|---
County Code | 01
District Name | Castro Valley Unified
District Code | 61150
Charter Number | 0000

Title 5, Section 11517.5 of the California Code of Regulations specifies that each school district shall receive an Apportionment Information Report that shall include the number of pupils assessed with the CELDT as indicated by the number of answer documents submitted to and scored by the test contractor for each administration (July 1 through June 30). The superintendent of each school district must certify the accuracy of the apportionment information and the report must be postmarked by December 31. If postmarked after December 31, the apportionment information report must be accompanied by the State Testing Apportionment Information Report Waiver request as provided by Education Code Section 33050. The amount of funding to be apportioned to the school district for the tests shall be calculated by multiplying the amount per administration established by the State Board of Education (SBE) to enable school districts to meet the requirement of Education Code Section 33051 by the number of pupils in the school district tested with the CELDT during the previous fiscal year. Apportionments will not be processed until all information and certifications are provided. Return the form by U.S. mail to the address above. Do not FAX copies. Keep a copy for your records.

<table>
<thead>
<tr>
<th>Number of Pupils Tested</th>
<th>Annual Assessment</th>
<th>Initial Assessment</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pupils tested July 1 thru October 31, 2007</td>
<td>Pupils tested within 30 days of enrollment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>654</td>
<td>328</td>
<td>982</td>
</tr>
</tbody>
</table>

Certification: I certify that the information provided on this form is accurate and that the district will maintain all related records to be available for audit purposes.

District Superintendent, County Superintendent, or Charter School Director

Maggie Macisaac
Superintendent's (or Charter School Director's) Signature
Maggie Macisaac@cv.k12.ca.us
Superintendent's (or Charter School Director's) E-mail

Date | July 19, 2009
Date | July 19, 2009

District CELDT Coordinator

C. Fischer
District CELDT Coordinator's Signature
cfischer@cv.k12.ca.us
District CELDT Coordinator's E-mail

Phone | (510) 537-3000
Phone | (510) 537-3000 x1262