



# TOURO COLLEGE

School of Education  
TESOL/Bilingual Programs  
Tel (212) 463-0400, x5288 or 5122

43 West 23rd Street #314  
New York, NY 10010  
Fax (212) 627-3692

## LANGUAGE PROFICIENCY VERIFICATION FORM

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Program applying for: \_\_\_\_\_

*Please read the statement below and sign.*

\*I understand that one of the requirements needed to receive a bilingual certificate from New York State is that I will have to obtain a passing score on the NYS Bilingual Education Assessment (BLE) exam in \_\_\_\_\_ (target language).

I, \_\_\_\_\_, in no way, hold Touro College responsible for my results on that exam. (See NYSED website for more information about the exam)

Sign \_\_\_\_\_ Date \_\_\_\_\_

*Please submit one of the following documents as evidence of your target language proficiency and indicate the appropriate information below:*

1. Official transcript of academic major/minor in the target language

Institution: \_\_\_\_\_ years of study: \_\_\_\_\_ Degree awarded and date: \_\_\_\_\_

2. Official transcript from an academic institute in a country where the target language is spoken – minimum 2 years.

Institution \_\_\_\_\_ years of study \_\_\_\_\_ Any Degree/Certificate Awarded? \_\_\_\_\_

3. Target Language Proficiency Rubric -completed by an appropriate professional, such as a college professor, a professional from the country where the target language is spoken, a certified translator, a professor of the target language, professional supervisors who is certified in bilingual education, etc. **If the applicant is insufficient in one or more categories of language skills, she/he will not be accepted into the program.**

4. **Target language verification form** on the next page

**Target Language Verification Form**

Verification provided by:

Name:

Contact phone number:

Address:

E-mail:

Occupation/ Title

Name of the employer:

Years of experience in the field:

*Please indicate the proficiency level of the applicant.*

Name of Applicant:

How do you know the applicant and How long have you known the applicant?

Please indicate the applicant's target language proficiency level in the rubric below.

Target language:

	Advanced/Native like	proficient	insufficient
Speaking			
Listening			
Reading			
Writing			

Please also indicate the context(s) in which you had the opportunity to observe and assess the applicant's above rated language skills, especially in the areas of reading and writing (e.g. college level language course, translating documents, interpreting at conferences etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_, Date \_\_\_\_\_

---