GRADUATE SCHOOL OF EDUCATION | TOURO UNIVERSITY

3 Times Square Office #633
New York, NY 10036

Target Language Proficiency Verification Form

Date: _____

Name: _____

Phone Number: _____

Email Address: _____

Address:

_____

Program Applying For

Please check one:

- ◯ Bilingual Extension in General Education
- ◯ Bilingual Extension in Special Education and Speech and Language Disabilities
- ◯ Bilingual Extension in PPS

Acknowledgment

Please read the statement below and sign.

I understand that one of the requirements for obtaining a bilingual certificate from New York State is earning a passing score on the New York State Bilingual Education Assessment (BEA) in _____ (target language).

I, _____, understand that Touro University is not responsible for my performance or results on this examination. Please refer to the NYSED website for more information about the exam.

Signature: _____

Date: _____

Evidence of Target Language Proficiency

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

1. **Passing BEA Score** ◯
   I have passed the BEA in my target language, and proof of my passing score is attached.
2. **A Copy of Transcript or Diploma Showing an Academic Major or Minor in the Target Language** ◯
   Institution: _____
   Years of Study: _____
   Degree Awarded and Date: _____
3. **A Copy of Transcript from an Academic Institution in a Country Where the Target Language Is Spoken** ◯
   Minimum of 2 years of study required.
   Institution: _____
   Years of Study: _____
   Degree/Certificate Awarded (if any): _____
4. **Target Language Proficiency Rubric** ◯
   Completed by an appropriate professional, such as a college professor, a professional from a country where the target language is spoken, a certified translator, a professor of the target language, or a professional supervisor certified in bilingual education.
   If the applicant is rated insufficient in one or more language skill areas, the applicant will not be accepted into the program.

Touro University **Graduate School of Education**

Target Language Proficiency Rubric

Verification Provided By

Name: _____

Phone Number: _____

Address:

_____

_____

Email: _____

Occupation/Title: _____

Employer: _____

Years of Experience in the Field: _____

Applicant Information

Name of Applicant: _____

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

_____

_____

Language Proficiency Rating

Target Language: _____

Please indicate the applicant's proficiency level in each area below:

Language Skill	**Advanced / Native-like**	**Proficient**	**Insufficient**
Speaking	☐	☐	☐
Listening	☐	☐	☐
Reading	☐	☐	☐
Writing	☐	☐	☐

Context for Evaluation

Please describe the context(s) in which you have had the opportunity to observe and assess the applicant's language skills, especially in reading and writing (for example, college-level language course work, document translation, conference interpreting, professional communication, etc.).

Signature: _____

Date: _____