

CASAS Diagnostic Pre-Test (Date) _____

CASAS Diagnostic Post-Test (Date) _____

*Post-test prior to exit and within the program year for skill gain



SOUTH CENTRAL WORKFORCE - ESL CASAS Scores & EFL Certification

Participant Name: _____ Seeker Case #: _____

Test Administered by: _____ Testing Instrument: CASAS Diagnostic

Other: _____ (If using test other than CASAS attach documentation justifying accommodation)

Test Scores: **CASAS Reading** EFL _____ SCORE _____ GRADE LEVEL _____

CASAS MATH EFL _____ SCORE _____ GRADE LEVEL _____

EFL	CASAS SCORE	EFL DESCRIPTION	GRADE LEVEL	READING	MATH
Basic Skills Deficient	LEVEL 7 Reading 180 or below Listening 180 or below	Beginning ESL Literacy	0 - 1.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 8 Reading 181 - 190 Listening 181 - 189	Low Beginning ESL	0 - 1.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 9 Reading 191 - 200 Listening 190 - 199	High Beginning ESL	0 - 1.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 10 Reading 201 - 210 Listening 200 - 209	Low Intermediate ESL	2 - 3.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 11 Reading 211 - 220 Listening 210 - 218	High Intermediate ESL	4 - 5.9	<input type="checkbox"/>	<input type="checkbox"/>
	LEVEL 12 Reading 221 - 235 Listening 219 - 227	Advanced ESL	6 - 8.9	<input type="checkbox"/>	<input type="checkbox"/>
LEVEL 6	Reading 236 and above Listening 228 and above	Exit Advanced ESL	9 - 12	<input type="checkbox"/>	<input type="checkbox"/>

Testing Certification: I certify that the above named participant has attained the above stated benchmark.

WIOA/Testing Agency Representative Signature

Date