☐ 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	☐	☐	Basic Skills Deficient
	LEVEL 8	Reading 181 - 190 Listening 181 - 189	Low Beginning ESL	0 - 1.9	☐	☐	
	LEVEL 9	Reading 191 - 200 Listening 190 - 199	High Beginning ESL	0 - 1.9	☐	☐	
	LEVEL 10	Reading 201 - 210 Listening 200 - 209	Low Intermediate ESL	2 - 3.9	☐	☐	
	LEVEL 11	Reading 211 - 220 Listening 210 - 218	High Intermediate ESL	4 - 5.9	☐	☐	
	LEVEL 12	Reading 221 - 235 Listening 219 - 227	Advanced ESL	6 - 8.9	☐	☐	
	LEVEL 6	Reading 236 and above Listening 228 and above	Exit Advanced ESL	9 - 12	☐	☐	

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

_____ _____
WIOA/Testing Agency Representative Signature Date