

**TEST TAKER AGREEMENT FORM**

The ACTFL Oral Proficiency Interview (OPI)®, Writing Proficiency Test (WPT)®, Oral Proficiency Interview by computer (OPIc)®, and Advanced Level Checks are nationally recognized, standardized tests distributed by Language Testing International (LTI) for assessing oral or written proficiency according to the revised *ACTFL Proficiency Guidelines*. Each such test is administered/rated by a Certified ACTFL Tester or Rater. A recording of the interview and/or copy of the writing test will be used for the purpose of allowing two Certified ACTFL Testers or Raters to independently rate the candidate’s speaking or writing proficiency based on the descriptors of language proficiency in the *ACTFL Proficiency Guidelines*. I understand that I will not be rated on the factual accuracy of my opinions or suggestions.

I hereby acknowledge and agree that the purpose of this test is to evaluate my speaking and/or writing proficiency. I hereby give my consent to LTI to record and/or retain my spoken and/or written responses for this purpose and to release my rating(s) to the named party(s) on my application, or as may be required from time to time in order to comply with federal/state law or regulation. I have reviewed **Policy Concerning Cancellation of Ratings** located on LTI’s website under **Other General Information**, and consent that LTI, pursuant to that policy and in its sole discretion, shall have the right to: (1) use its interview recording of me to respond to any questions I may have about my rating, or as part of any challenge I make to my rating; and (2) require me to take a retest at LTI’s expense if, after a reasonable opportunity for me to provide supplementary information to LTI and a reasonable investigation by LTI, it determines that sufficient factors exist that call into question the accuracy of my test score. I further acknowledge that LTI shall have the right to use its interview recording of me to conduct research on future modifications to the assessments or for academic study, provided, however, that in any such research or academic situation, none of my personal information shall be disclosed to anyone outside of LTI who has not been designated by me.

I understand and agree that the recording of my interview and/or completed writing test become the exclusive property of LTI and that LTI will maintain it as strictly confidential, subject to the above-mentioned rights of LTI. I further understand and agree that the content of the test shall not be released to me or any other party under any circumstance, nor shall I attempt to record, copy, reconstruct, or use the content of the test, inasmuch as the test questions and protocols are copyrighted materials and their release would compromise the validity, integrity and commercial value of the test. I acknowledge that LTI will provide me with a published, standard ACTFL description of my rating from the Guidelines as part of the standard procedure and cost of testing. I also acknowledge that I have the option of purchasing a detailed, individual written report of my test results, developed by a certified ACTFL proficiency expert for an additional fee. If I have any questions about my rating, including any retest determined by LTI to be required, I agree to abide by LTI’s rating review process and/or my employer or school’s disclosure policy.

I agree that any use of my rating on this proficiency assessment shall be completely within the purview of my employer or any other party I have authorized to receive my rating. Accordingly, I shall have no legal rights against LTI for any decision made by my current employer, school, or any other party I have authorized to receive my rating. I agree to hold LTI harmless against any claims of damages because of any such decisions made by others, whether based on my rating alone or in combination with any other factors.

Below I am hereby providing all relevant information to LTI to verify that I am the individual who has arranged to take this test in consideration of my right to have it scored in accordance with the terms of this Agreement.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_





**ACTFL LANGUAGE PROFICIENCY ASSESSMENTS APPLICATION  
KUTZTOWN UNIVERSITY OF PENNSYLVANIA**

[processing note: login KUPP1]

Complete and return this application with a signed Test Taker Agreement form and completed Proctor Responsibilities and Agreement form by mail or fax to the address listed above.

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LAST 4 DIGITS OF SOCIAL SECURITY OR PASSPORT: \_\_\_\_\_

PHONE: (DAY): \_\_\_\_\_ (EVENING): \_\_\_\_\_

E-MAIL ADDRESS (REQUIRED): \_\_\_\_\_

1. **RETEST**: Is this your first time taking an ACTFL assessment?

Yes

No

2. **INDICATE TYPE OF ASSESSMENT(S) NEEDED**: (Please submit one application per language)

**ACTFL Writing Proficiency Test (WPT)**

German

Spanish

**ACTFL Oral Proficiency Test (OPI): Indicate language** (Please submit one application per language)

\_\_\_\_\_



**3. WHERE WILL YOU TAKE YOUR TEST?**

- At a K-12 School or College\* (A PROCTOR RESPONSIBILITIES AND AGREEMENT FORM WITH YOUR APPLICATION IS REQUIRED)** A proctor at a K-12 school or school district may **only** be a Principal, Assistant Principal, Dean, Language Lab Director, Administrative Assistant to the Principal or Dean, School District HR personnel, or Academic Chair. A proctor at a college may be a Professor, Department Chair, Department Administrative Assistant or Department Coordinator, or Registrar and University Assessment Personnel. No other administrators or staff may act as proctors.

NAME OF PROCTOR \_\_\_\_\_ TITLE \_\_\_\_\_

NAME OF SCHOOL OR COLLEGE: \_\_\_\_\_

NAME OF SCHOOL DISTRICT (IF APPLICABLE): \_\_\_\_\_

PROCTOR EMAIL: \_\_\_\_\_ PROCTOR TELEPHONE: \_\_\_\_\_

**4. PLEASE INDICATE WHEN YOU ARE AVAILABLE TO TEST:**

Please provide a RANGE of availability (dates & times) that you and your proctor can do the test. Allow at least 10 business days from the date of your request submission. **Please note that the WPT is approximately 90min in length.**

DATES: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

**5. CONFIRMATION OF TEST DAY, TEST STATUS AND RESULTS:**

Once your application has been processed, you will receive an email with test instructions. This e-mail will provide a unique ID and PASSWORD to access your test information and status on the LTI Test Candidate Website ([www.languagetesting.com/individual](http://www.languagetesting.com/individual)). Please retain this e-mail for your records, as this information will be required to verify the date and time of your test, check the status of your test result, and print your Official ACTFL Certificate. Please allow up to 2 WEEKS from the date of your test to receive your final rating.

**6. OTHER IMPORTANT INSTRUCTIONS:**

- **The Proctor Responsibilities and Agreement form must be completed by your proctor and submitted with your application. Your application will not be processed without a Proctor Responsibilities and Agreement form.**
- A signed Test Taker Agreement form must be submitted with your application.
- Be sure to arrive at the test site 15 minutes prior to test time. Please bring two forms of picture identification with you.
- For a test that is cancelled and not rescheduled, there is a \$55 cancellation fee that will be deducted from your refund. To cancel an application, or to check the status of your refund, please e-mail [processing@languagetesting.com](mailto:processing@languagetesting.com).

**7. PAYMENT & FEE:**

ACTFL WPT: \$65

ACTFL OPI: \$134

**TOTAL PAYMENT DUE: \$ \_\_\_\_\_ . 00**

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E-mail: [Testing@LanguageTesting.com](mailto:Testing@LanguageTesting.com) • [www.languagetesting.com](http://www.languagetesting.com)





The ACTFL Language Testing Office

3 Barker Avenue, White Plains, NY 10601 • 914-963-7110 • Fax 914-963-7113

**Payment can be made by check (make all checks payable to LTI, Inc.) or by Credit Card:**

MASTERCARD/VISA/DISCOVER (circle one) Card #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Note: All charges require the card holder's signature.

**When submitting your application, please be sure to include the following:**

- Completed and signed Test Taker Agreement form (pg 1)
- Completed Proctor Form (pg 5-6)

Send all scanned applications (including payment information and proctoring forms) to [processing@languagetesting.com](mailto:processing@languagetesting.com). To return your application by mail, please send to:

LTI  
3 Barker Avenue  
White Plains, NY 10601  
Fax: (914) 963-7113  
E-mail: [processing@languagetesting.com](mailto:processing@languagetesting.com)





PROCTOR RESPONSIBILITIES AND AGREEMENT FORM
FOR AN INTERNET DELIVERED ACTFL WRITING PROFICIENCY TEST (WPT)

\_\_\_\_\_ has applied to take an online ACTFL® Writing Proficiency Test at your school and has identified you as the proctor for this test. Please read the responsibilities of a proctor detailed below.

Please note, not all WPTs are offered via the internet, though this is the recommended form if it is available. The internet WPT is currently available in English, French, German, Italian, Portuguese, and Spanish. All other languages for the WPT are offered in booklet form.

If you agree to proctor this test, Language Testing International, the ACTFL Testing Office, will send you sealed test booklets to administer to the candidate at your school in a proctored and timed test session.

To proctor this test:

- Receive and sign for a shipment containing a sealed test booklet with "WPT Proctor Instructions" and store it in a locked storage at your school until the time of the test administration.
• Ensure that no one makes any copies of any of the test materials before during or after the test.
• Upon completion of the test administration, by a secure overnight carrier (FedEx, UPS, etc.), send the sealed test booklet and all test materials must be shipped by the next business day to the address given to you by LTI.
• Check the photo ID of the candidate before the test's start time to verify the candidate's identification.
• Ensure that the candidate does not bring any resources into the test room such as paper, pens, notes, dictionaries, iPods, Blackberries, lap-tops, etc.
• Ensure that the candidate does not bring a cell phone, pager, camera or recording device of any kind into the test room.
• Ensure that no party shall copy - by hand or machine - any test materials.
• Put the candidate in a private setting with a writing surface and provide only sharpened pencils and pens. No other paper or materials shall be distributed by the proctor.
• Following the "WPT Proctor Instructions" distribute the sealed booklet and pencils (or pens) to the candidate.
• Read the "WPT Instructions" found in your 'WPT Proctor Instructions' aloud to the candidate and begin the test.
• Time the test for 90 minutes and remain in the room for the entire test period to ensure that the candidate receives no assistance of any kind on the test.
• At the end of 90 minutes, instruct the candidate to place ALL the test materials, test booklet, original envelope, and scrap paper in the return envelope provided in the original envelope, seal the envelope and sign the seal.
• Collect the completed, sealed test booklet.
• Ship the paperwork and the completed, sealed booklet to LTI, the ACTFL Testing Office.

By signing this document you are agreeing to accept the responsibility to strictly and faithfully abide by the stipulations and procedures outlined above. Please fax this completed form to LTI, the ACTFL Testing Office, at 914-963-7113 or scan and e-mail it to processing@languagetesting.com.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (print): \_\_\_\_\_ School: \_\_\_\_\_

School Division (if applicable): \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

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



**ACTFL OPI Proctoring Agreement**

\_\_\_\_\_ has applied to take an ACTFL Oral Proficiency Interview from your location by telephone. On the application form, he/she has identified you as the proctor for this test(s). Please read the responsibilities of the proctor detailed below.

**PLEASE READ THE BELOW RESPONSIBILITIES OF THE PROCTOR:**

Language Testing International, the ACTFL Testing Office, will send you an OPI Appointment Form by e-mail that will specify the date and time of the interview, as well as the name of the tester and telephone number to call for the test.

**As the proctor, on the day of the test you will need to:**

1. Prior to the test, identify a **landline telephone** in a quiet location that can be used for 10-30 minutes.
2. Check a photo ID of the candidate before the test's start time to verify the candidate's identification.
3. Ensure that the candidate does not bring any resources into the test room such as paper, pens, notes, dictionaries, iPods, Blackberries, laptops, etc.
4. Ensure that the candidate does not bring a cell phone, camera, pager, or recording device of any kind into the test room, nor shall the proctor make a recording of the interview.
5. Please ensure that no one but the proctor enters the test room during the test.
6. Promptly and at the appointed time, call the LTI Testing Center and enter the test access code as indicated on the OPI Appointment form.
7. Introduce yourself to the tester and introduce the candidate. Hand the phone to the candidate and the tester will conduct the interview. A telephonic interview may not be taken with the conference call feature; the candidate must speak directly into the handset.
8. Ensure that the candidate does not receive assistance from any resources (notes, etc.) or individuals during the interview.
9. Please be sure to place the call promptly at the scheduled start time of the test. Any calls placed more than 5min after the scheduled test time may not be able to be conducted. Call LTI, immediately if you anticipate any delays or have any difficulty reaching the tester.

The actual telephonic interview will last between 10 and 30 minutes.

If your location does not want to accept charges for the telephone call to the tester, the above candidate must give the proctor a phone card number to use in order to place and charge the call.

By signing this document you agree to accept the responsibility to strictly and faithfully abide by the stipulations and procedures outlined above. Please fax this completed form to LTI at 914-963-7113.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

