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| A picture containing drawing  Description automatically generated | OREGON HEALTH AUTHORITYOffice of Equity and Inclusion | A close up of a sign  Description automatically generated |

**Language Proficiency Testing Vendor Application**

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| **Information required from applicant** |
| **General, security and test administration** |
| Is the test proctored and the candidate’s identify verified? | [ ]  Yes [ ]  No |
| Describe the proctoring method and options:      |
| **Language proficiency** |
| Is the test based on the Interagency Language Roundtable (ILR), Common European Framework of Reference for Languages (CEFR) or American Council on the Teaching of Foreign Languages (ACTFL) proficiency scale? | [ ]  Yes [ ]  No |
| If yes, explain how the test was verified against the ILR, CEFR or ACTFL scale:      |
| If the test is not based on the ILR, CEFR or ACTFL scale, please describe possible scores and scoring criteria as follows: * The skills a person possesses or the situations in which he or she functions effectively
* The accuracy of their communication, and
* A native speaker’s ease of understanding of the language at each level.

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| **Effectiveness** |
| How has the effectiveness been researched before being launched?      |
| How has it been verified after being in use?      |
| **Rater and tester qualifications** |
| Please list minimum and desired qualifications for testers and raters (educational background, language proficiency and experience):      |
| **Rater and tester training**  |
| Please describe prerequisites, length and type of training for raters and testers in your program:       |
| Please describe qualifications of the **trainers** of the raters and testers:      |
| How is the reliability of the raters and testers verified?      |
| **Inter-rater reliability**  |
| Are tests validated for reliability on a regular basis? | [ ]  Yes [ ]  No |
| Please describe process, frequency and supporting research:      |