



## Request for Bilingual Testing

**TO:** Special Programs Department  
State and Federal Programs Specialist  
235 Sunset Ave  
Wenatchee, WA 98801  
509.662.9634

**FROM:** Human Resources Department

**RE:** Bilingual Testing

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

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

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Cert [ ] Class [ ]

This slip authorizes you to provide testing for the above individual. Forward the score sheet and related items to the Human Resources Department.

Signed: \_\_\_\_\_

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For official Use of Special Programs

This is to verify that: \_\_\_\_\_

Was tested on (date): \_\_\_\_\_

Signed: \_\_\_\_\_

State and Federal Programs Specialist

English Test Level \_\_\_\_\_

Passed [ ] **YES** [ ] **NO**

Spanish Test Level \_\_\_\_\_

Passed [ ] **YES** [ ] **NO**