



Joseph L. Paller, Jr  
Mark Vargas  
*Members of the Commission*

Karla M. Gould  
*Personnel Director*

Robyn Warren  
*Deputy Personnel Director*

## BILINGUAL TESTING PROGRAM'S CONTRACT

**You can complete this Adobe PDF in three simple steps:**

1. Please fill in and Tab through the following personal and organization information.
  - a. Today's Date (i.e. July 1, 2008):
  - b. Organization's Name:
  - c. Contact's Name:
  - d. Contact's Title:
  - e. Address:
  - f. City, State Zip Code:
  - g. Phone Number:
  - h. E-Mail Address:
2. Read the contract carefully and thoroughly.
3. Print the entire contract, and sign your name appropriately on pages two and three.

**Please scan and email the completed contract to  
Evelyn Galdamez: [evelyn.galdamez@lausd.net](mailto:evelyn.galdamez@lausd.net)**



Dear \_\_\_\_\_:  
(Authorized Client Representative)

The Los Angeles Unified School District proposes to furnish professional services as follows to \_\_\_\_\_  
Name of Organization

The evaluation of Bilingual Proficiency is provided at the rate of \$90.00 for each candidate tested for Listening/Speaking **OR** Reading/Writing; and \$170.00 for each candidate tested for Listening/Speaking **AND** Reading/Writing. Bilingual Proficiency Testing is currently available in the following 17 languages: Arabic, Armenian (Eastern/Western), Cantonese, Cambodian, Farsi, French, German, Hindi, Italian, Japanese, Korean, Mandarin, Russian, Spanish, Tagalog, Vietnamese, and Sign Language.

The evaluation for sign language proficiency is provided at \$170.00 for each candidate tested. The Sign Language Interpreter test measures technical sign language proficiency but does NOT meet the requirements for State recommended certification for Sign Language Interpreters.

Los Angeles Unified School District (LAUSD) retains sole ownership of all Bilingual Proficiency test and may allow its use or administer it in other organizations.

\_\_\_\_\_ accepts and agrees to the following conditions of use. \_\_\_\_\_ will:  
Name of Organization Name of Organization

- Designate one staff member to serve as a primary coordinator. All business needs should be handled by coordinating with this individual. If the primary coordinator changes, \_\_\_\_\_ will notify LAUSD of the new coordinator.  
Name of Organization
- Be responsible for providing test results to candidates.
- Be responsible for its own claims of validity for its use of the test. (LAUSD documentation is relevant but may not be sufficient evidence of validity.) Any additional LAUSD staff hours required to support litigation arising from test use will be billed to \_\_\_\_\_ at the then prevailing hourly rate.  
Name of Organization
- Pay all bills within 60 days upon receipt.
- Maintain security of all test-related materials in its possession at all times, including:
  - keeping all test materials under lock and key.
  - having tests administered by the primary coordinator or supervisor of the test taker.
  - having all materials remain in the primary coordinator's or supervisor's possession at all times.
  - making only the necessary copies needed for test administration.
- Notify Irene Ruano, LAUSD Contact Person, if any breach of security occurs.
- Upon request, return all materials to LAUSD. If materials are not returned, a fee of \$5,000 will be charged to \_\_\_\_\_  
Name of Organization

Authorized Client Representative (Sign, Print Name) \_\_\_\_\_ Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Business Address \_\_\_\_\_ email \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorized LAUSD Representative \_\_\_\_\_ Date \_\_\_\_\_

LAUSD Contact Person \_\_\_\_\_

Austin Beutner  
Superintendent of Schools



Joseph L. Paller, Jr  
Mark Vargas  
*Members of the Commission*

Karla M. Gould  
*Personnel Director*

Robyn Warren  
*Deputy Personnel Director*

I understand the bilingual test materials I will review are confidential, and rights to the materials are reserved. I may neither reproduce nor keep any part of this material's set, in any form or by any means, without Los Angeles Unified School District Personnel Commission's express written permission.

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature

.....Date \_\_\_\_\_