

NOTIFICATION of PLACEMENT and SERVICES in the ENGLISH TO SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAM

Date: _____ Initial/Continuing Placement: _____ School: _____ Grade: _____

Dear Parent/ Legal Guardian,

Based on your responses to the Home Language Survey, your child has been assessed and identified as needing ESOL services. We are pleased to inform you that your child will receive instruction in the district's ESOL program.

Your child's test scores and/or other criteria were used to determine his/her English proficiency:

1. Name of Test/Score/Level on listening/speaking assessment _____
2. Name of Test/Score/Level on reading/writing assessment for 3 -12 grade _____
3. Other criteria _____

The goal of the ESOL program is to help your child learn English, in order to meet appropriate academic achievement standards for grade promotion and graduation. The ESOL programs adjust instruction to the child's strengths and needs.

If your child has a disability, ESOL services will be included in the guidelines and recommendations in their Individualized Education Plan (IEP).

You are encouraged to participate in developing your child's individual English Language Learner (ELL) Plan, which describes how your child will progress in English and meet academic standards. Although you have the right to choose your child's ESOL program, it is recommended that your child participate in the following:

- Mainstream/Inclusion-Language Arts (students receive instruction with both ELLs and non-ELLs)
- Mainstream/Inclusion-Basic Subject Areas (math, science, social studies, computer literacy)
- Sheltered-Language Arts (students receive instruction with ELLs only)
- Sheltered-Basic Subject Areas (math, science, social studies, computer literacy)
- One-Way Developmental Bilingual Education
- Dual Language (a challenging academic program designed to provide instruction to students in two languages; approximately 50 percent of the curriculum is taught in each language)

If provided by your district, your child has the option to attend an ESOL Center/Program School. Transportation will be provided.

Principal or designee

Date

School phone number

Please complete the section below and return to your child's school.

Check all that apply.

Student's name: _____ **Phone Number:** _____ **Date:** _____

I understand my child will receive ESOL program services and agree to the program placement.

I wish to discuss my child's educational needs and the ESOL program recommendation.

I would like to get more information on the family involvement activities at this school.

**Parent/Guardian
Signature** _____