



Curriculum Department

Notification of Placement and Services in the ELL 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 English Language Learner (ELL) services. We are pleased to inform you that your child will receive instruction in the district's ELL 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 ELL program is to help your child learn English, in order to meet appropriate academic achievement standards for grade promotion and graduation. The ELL programs adjust instruction to the child's strengths and needs. Once your student has been determined to be English language proficient they are eligible to be exited from ELL. Students can be exited based on state or nationally normed test scores and/or by an English Language Learner committee. You will be invited to attend any meeting regarding your student's ELL eligibility.

If your child has a disability, ELL 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 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 ELL program, it is recommended that your child participate in the following:

- checkbox Mainstream/Inclusion-Language Arts (students receive instruction with both ELLs and non-ELLs)
checkbox Mainstream/Inclusion-Basic Subject Areas (math, science, social studies, computer literacy)
checkbox Sheltered-Language Arts (students receive instruction with ELLs only)

Your child has the option to attend an ELL 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.

Student Date Phone Number

Check all that apply:

- checkbox I understand my child will receive ESOL program services and agree to the program placement.
checkbox I wish to discuss my child's educational needs and the ESOL program recommendation.
checkbox I would like to get more information on the family involvement activities at this school.

Parent/Guardian Signature: _____ Date: _____