



Curriculum (ELL) Department
ELL PARENT INFORMED CONSENT

_____ Student Other ID

Please mark each item indicating that you have read the item and that you understand it.*

- I understand that the State of Florida requires that any student for whom there is a “yes” response to any of the three (3) questions posed in the *Home Language Survey* to be assessed to determine if he/she qualifies for ELL services.
- I understand that all students who have been assessed and qualify for ELL services must receive ELL services.
- I understand that my child, _____, qualifies for ELL services based on the test results of the English Language Proficiency Assessment and will receive ELL services.
- The **option** of having my child attend the ELL program at one of the three designated ELL program schools has been explained to me.

Pick one of the following: (only one (1) item is to be marked)

- I agree to have my child attend the ELL program at the designated ELL program school, _____, rather than his/her school of zone. The instructional delivery model: ELL Language Arts (self-contained) and Core Subjects inclusion using ELL strategies.
- I elect to have my child attend his/her school of zone, _____, where he/she will receive ELL services. The instructional delivery model: Language Arts and Core Subjects inclusion using ELL strategies.

- I prefer home/school communication in English.
- I prefer home/school communication in my native language when possible. Indicate native language preferred.

Parent(s) Signature: _____ Date: _____

*Attention school personnel: Please review each of the above items with the parent(s). After the form is completed, attach the ELL Office copy of this form to the ELL office copy of the *Home Language Survey* with test results. Send to the ELL Office.