**Parent Notification of Initial Placement in the ESOL Program**

|  |  |  |
| --- | --- | --- |
| Date: Click or tap to enter a date. | Student Name:  | [ ]  Initial Placement |
| Grade:  | School:  | [ ]  Continuing Placement |

Dear Parent(s)/Guardian(s),

When you registered your child for school, you completed the Home Language Survey and indicated that your child:

* has a first language other than English; and/or
* most frequently speaks a language other than English; and/or
* lives in a home where a language other than English is spoken by adults.

Based on your “yes” answer(s) on the Home Language Survey, we are required by Federal/State regulations (F.A.C. 6A-6.0902) to test your student for proficiency in the English language to determine if he/she qualifies for English for Speakers of Other Languages (ESOL) services.

**This is to notify you that your child was assessed and now qualifies for the ESOL Program based on the following criteria:**

|  |  |
| --- | --- |
| [ ]  Score on the W-APT (Kindergarten) | Score:  |
| [ ]  Score on the WIDA Screener (Grades 1-12)  | Score:  |
| Other criteria such as:[ ]  Extent and nature of prior educational experience, social experience, and a student interview[ ]  Written recommendations and observations by current and previous instructional and supportive services personnel[ ]  Level of mastery of basic competencies/skills in English and home language according to appropriate local, state, and national criterion-referenced standardized tests[ ]  Grades from current or previous years |

**Goals of the ESOL Program**

The goal of the ESOL program is to help your child become proficient in the English Language, 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.

**Invitation to Participate**

You are invited and encouraged to participate in developing your child’s Individual English Language Learner (ELL) Student Plan, which describes how your child will progress in meeting proficiency levels and meet academic standards. Your child will 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)

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Testing Accommodations**

We are required to offer assessment accommodations to ELLs who are currently receiving ESOL services. All ELL students are expected to participate in district and state assessments, to include FCAT/FSA. The following accommodations will be offered to your child:

* Flexible Setting
* Assistance in the Heritage Language
* Flexible Scheduling
* Dictionary and Glossary

**Please complete the information below by checking all of the boxes that apply, and return this form to your student’s school.**
[ ] I understand my child will receive ESOL program services and agree to the program placement.

[ ] Entiendo que mi hijo/a recibirá los servicios del programa ESOL y estoy de acuerdo a la ubicación de mi hijo/a al programa. (Spanish)

[ ] Nauunawaan ko na ang aking anak ay tatangkap nang serbisyo galing sa Programang ESOL. Ako ay sumasang ayon sa pag puwesto niya sa programa. (Tagalog)

[ ] I wish to discuss my child’s educational needs and the ESOL program recommendations.

[ ] Deseo discutir las necesidades y de la de mi hijo y las recomendaciones del programa ESOL. (Spanish)

[ ] Gusto kong alamin at matalakay ang pang-karunungan at ang rekomandasyon nang programang ESOL. (Tagalog)

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

[ ] Me gustaría obtener más información sobre las actividades de participación de la familia de esta escuela. (Spanish)

[ ] Gusto kong malaman at makakuha nang impormasyon kung papaano maka salo sa aktibidad sa eskuwela. (Tagalog)

[ ] I am interested in learning more about the district’s Parent Leadership Council.

[ ] Estoy interesado en aprender más sobre Consejo de liderazgo de padres del distrito. (Spanish)

[ ] Interesado ako na malaman ang Pamumunong magulang nang Distrito. (Tagalog)

[ ] I will need an interpreter who speaks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Necesito un intérprete que habla: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Kailangan ko ang taga pagsalin nang salitang: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTINUING PLACEMENT:** Federal and state law require that students in an ESOL program are assessed yearly to show linguistic growth and academic proficiency and these results impact placement decisions. To exit the ESOL program, you child must earn:

* A score of 4.0 or greater on the reading domain of ACCESS for ELLs 2.0
* A score of 4.0 or greater composite score of ACCESS for ELLs 2.0
* A score of 3 or greater on the FSA ELA assessment

Your child will continue to receive ESOL services based on the following assessment data:

|  |  |
| --- | --- |
| * ACCESS for ELLs 2.0 Reading Score
 |  |
| * ACCESS for ELLs 2.0 Score
 |  |
| * FSA ELA Score
 |  |

|  |  |
| --- | --- |
| **X** |  |
| **Parent(s)/Guardian(s) Signature** | **Date** |

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator

**NOTIFICATION OF EVERY STUDENT SUCCEEDS ACT (ESSA) REQUIREMENTS**

**REFUSAL of TITLE III SERVICES:** Every Student Succeeds Act (ESSA) Title III allows districts to use federal funding to support their ESOL programs and provide supplemental services to ELs. Parents may elect to refuse these supplemental Title III services. However, your child will still receive required ESOL services and be annually assessed for English proficiency. Please indicate by signing and returning the form below that you do not want your child to participate in Title III supplemental services. If you have any questions regarding the ESOL or Title III program, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***If refusing supplemental Title III Services, please complete the section below and return to your child’s school.***

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

[ ]  I do not want my child to receive ESSA Title III supplemental services.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_