***Sample School District***

**Parent Notification of Student Participation in a Federally Funded Language Instruction Program**

**(Title IA / Title IIIA Supplementing the Student’s ESOL Program)**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dear Parents:

As a student in our school district’s “English to Speakers of Other Languages” (ESOL) program, your child receives effective language instruction from an ESOL teacher. As an English Learner, your child also qualifies for additional supports that we offer to help improve his/her English skills. When your child exits from the state ESOL program, we will also exit your child from these extra language services.

Your child’s English skill was most recently tested with the: ** Kindergarten W-APT® or MODEL®; ** WIDA Screener®; or ACCESS for ELLs 2.0® and received an overall score of \_\_\_\_\_\_\_. Scores lower than \_\_\_\_\_\_\_\_ qualify a child to be placed in the ESOL program.



We offer the additional supports below to help improve your child’s listening, speaking, reading and writing skills in English as well as support his or her academic needs. For high school students who receive these additional supports, the graduation rate is \_\_\_\_\_%. Please note that if your child has a disability, his/her language program services are developed together with special education staff and they support your child’s Individualized Education Program (IEP).

**NOTE TO LEAs**:

*Remove this highlighted section* and list your district’s Title I or Title III-funded supplemental language program/activities here. (Do not list the **basic, State- mandated** ESOL program offerings.)

You must indicate: the methods of instruction used in the federally-funded program offered to the student as well as the methods of instruction used in other available programs, including how such programs differ in content, instructional goals and the use of English and a native language in instruction, **and** how the program(s) selected for their student will specifically help their child learn English and meet age-appropriate academic achievement standards for grade promotion and graduation.

You have the right to refuse these additional supports for your child. If you would like to decline participation for your child, talk about the different supports offered, or learn about parent meetings, please contact the person whose name, phone number, and e-mail are listed below. Thank you.

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

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_