## NOTIFICATION OF PLACEMENT IN ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAM

Date:				Initial Placeme	ent 🗌 Cont	inuing Placemei	
Last Name	ast Name		irst Name		M.I.	M.I.	
School	Grade				Student ID		
Dear Parent/Legal C	Guardian:						
Ve are pleased to in 019 school year. anguage Survey ar	Students are id	dentified as ne	eding services				
		Overall E	nglish Proficie	ency Level			
Initiating A1	Exploring A2	Engaging A3	Entering 1	Emerging 2	Developing 3	Expanding 4	
the student's i	: Students gain native language.	n proficiency in	both their nati	ve language an	d English with	some instruction	
	age in the ELs' a			tilei ialiguage,	including conte	int misu ucuon m	
				~ ~	* *	English proficier	
	t proficiency in						
	es with Native equisition, but m					to support Engl	
						cus of instruction	
the EL only cl	•	istruction. En	ngnsii iangaag	skins and con	nent are the roc	us of mstruction	
•		-Only Support	: English lang	uage skills and	content are the	focus of instruct	
	d non-ELs' clas		2 8	2			

## **Description of Program Placement Options and Goals for English Learners (ELs)**

All programs include English language development and teaching strategies differentiated for each student's level of English language proficiency. These strategies are used to help each student reach English proficiency in listening, speaking, reading, and writing and succeed academically in all core subjects. The expectations for ELs are that students fully transition into mainstream classes, meet appropriate academic achievement standards for grade promotion, and graduate from high school at the same rate as mainstream students.

## **Parental Rights**

You have the right to request that your child be placed in a different method of instruction if available. You have the right at any time to refuse ESOL Program services by contacting your child's ESOL teacher and/or the school. This process must be completed annually.

## **ELs with Special Needs**

The student's ESOL Program will support meeting the instructional objectives of the Individualized Education Plan (IEP).

Please	indicate your decision belo	ow regarding your child's ESOL placeme	nt:						
	☐ Yes, I want my child to participate in the ESOL Program for the 2018-2019 school year.  I understand that my child will be tested annually with the English language proficiency assessment t measure progress in learning and attainment of English.								
	No, I do not want my child to participate in the ESOL program for the 2018-2019 school year. I understand that my child will be tested annually with the English language proficiency assessment to measure progress in learning and attainment of English, even if I have refused ESOL services for my child My child will remain an EL until the State exit criteria is met. Please note that with your permission, you and your child may be eligible for additional services under Title III such as after school tutoring and summe intensive English programs, parent outreach programs, and the services of an interpreter for parent-teache conferences.								
		r ESOL services when they meet the State	exit criteria on the annual English						
Respec	tfully,								
Name		Title	Phone Number						
	nn Sokoloski	ograms of instruction or assistance in selection  Content Specialist for ESOL and WI  Title							
Name		Title	Filone Number						
	e ensure you indicated y name below to confirm.	our decision regarding your child's E	SOL placement above and sign						
Parent	/Legal Guardian's Signatur	e	Date						
Return	this document to:								
Name		Title	Date						
Reco	rd of Distribution to Par	rent/Guardian	For Office Use Only						
Date:		Date:	Date:						
Date	Referred to Central Off	ice:							