

Notification of Bilingual/ESL Program Placement

_____ **Initial Placement** _____ **Continuing Placement**

Name of Student: _____ Date: _____

District: _____

School: _____

Dear Parent(s) or Guardian:

Based on your child's English proficiency test scores, level of academic achievement, and teacher recommendation, we are pleased to inform you that your child will receive instruction in our district's _____ program. The goal of the district's _____ program is to help your child learn English and meet age-appropriate academic standards. Although you may request to have your child removed from the _____ program, students normally participate for a period of _____ years. Multiple criteria are used in making determinations regarding when a student no longer needs program services. These criteria include:

If your child has an Individualized Education Program (IEP), improvement in his/her ability to speak, read, and write in English will help meet the objectives of their IEP.

Your child's level of English was measured using the following test:

Level of English Proficiency: _____

Your child's level of academic achievement was measured using the following:

Level of academic achievement based on the above assessment:

The method of instruction used in your child's language assistance program is:

English as a Second Language (ESL) _____

Bilingual Education:

Part-time _____

Full-time _____

English Language Services (ELS) _____

Program Description:

Other information:

Please contact _____ (name)

_____ (title)

(phone number) _____

e-mail _____

in order to request additional information regarding available services or decline program services.

Sincerely,
