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

Date:			I	nitial Placement	Contin	nuing Placement
Last Name	F	First Name	M.I.	Stu	ident ID	
School				Grade		
Dear Parent/Legal (Guardian:					
We are pleased toschoo Language Survey a	l year. Students	s are identified a lish proficiency	ns needing servi	ces based upon y		L program for the Maryland's Home
Initiating	Exploring	Engaging	nglish Proficie Entering	Emerging	Developing	Expanding
A1	A2	A3	1	2	3	4
the student Mixed Bili the partner EL-specific acquisition Mixed Cla proficiency	al: Students ga s native langua ngual: Equal for language in the c Transitional but proficiency asses with Nati- acquisition, bu	in proficiency in ge. because is given to ELs' and non-Hartruction: So in a student's not to EL anguage of the most instruction.	n both their nat ELs' class. tudent's native native language Support: Stude on is provided in	partner language and partner language language is use is not a programent's native language in English in the	d English with e, including co ed to support I goal in the EL guage is used ELs' and non-I	to support English

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 below regarding	your child's ESOL placement:						
	Yes, I want my child to participate in the ESOL program for theschool 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.							
	No, I do not want my child to participate in the ESOL program for the 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 English learner until the state exit criteria is met. Please note that with you permission, you and your child may be eligible for additional services under Title III such as after school tutoring and summer intensive English programs, parent outreach programs, and the services of an interprete for parent-teacher conferences.							
Englis	Criteria h learners will no longer be eligible for E h language proficiency assessment.	ESOL services when they meet the s	tate exit criteria on the annual					
Respec	ctfully,							
Name		Title	Phone Number					
For m	ore information about the programs of	instruction or assistance in selectin	g a program contact:					
Name		Title	Phone Number					
	e ensure you indicated your decision name below to confirm.	regarding your child's ESOL p	lacement above and sign					
Parent	t/Legal Guardian's Signature		Date					
Retur	n this document to:							
Name		Title	Date					