

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

**DATE:** \_\_\_\_\_

Initial Placement     Continuing Placement

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>M.I</b>	<b>STUDENT ID</b>
<b>SCHOOL</b>		<b>GRADE</b>	

Dear Parent/Legal Guardian:

We are pleased to inform you that your child is eligible to receive instruction in our ESOL program for the \_\_\_\_\_ school year. Students are identified as needing services based upon your response to Maryland’s Home Language Survey and a test of English proficiency.

**Overall English Proficiency Level**

Initiating A1	Exploring A2	Engaging A3	Entering 1	Emerging 2	Developing 3	Expanding 4

**The method of instruction used in your child’s ESOL program will be as indicated below:**

- EL Bilingual:** Students gain proficiency in both their native language and English with some instruction in the student’s native language.
- Mixed Bilingual:** Equal focus is given to English and a partner language, including content instruction in the partner language in the ELs’ and non-ELs’ class.
- EL-specific Transitional Instruction:** Student’s native language is used to support English proficiency acquisition but proficiency in a student’s native language is not a program goal in the EL only class.
- Mixed Classes with Native Language Support:** Student’s native language is used to support English proficiency acquisition, but most instruction is provided in English in the ELs’ and non-ELs’ class.
- EL-specific English-only Instruction:** English language skills and content are the focus of instruction in the EL only class.
- Mixed Classes with English-only Support:** English language skills and content are the focus of instruction in the ELs’ and non-ELs’ class.

**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 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.
  
- 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 are 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 summer intensive English programs, parent outreach programs, and the services of an interpreter for parent-teacher conferences.

**Exit Criteria**

English learners will no longer be eligible for ESOL services when they meet the state exit criteria on the annual English language proficiency assessment.

Respectfully,

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Name	Title	Phone Number
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**For more information about the programs of instruction or assistance in selecting a program contact:**

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Name	Title	Phone Number
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**Please ensure you indicated your decision regarding your child’s ESOL placement above and sign your name below to confirm.**

Parent/Legal Guardian’s Signature	Date

**Return this document to:**

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Name	Title	Phone Number
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