

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

| | | | |
|-----------|------------|------|------------------|
| Date | State ID | | |
| Last Name | First Name | M.I. | Local Student ID |
| School | Grade | | |

By checking "No" on the *Notification of Placement* letter you have indicated that you do not wish your child to participate in the ESOL program for the _____ school year. The purpose of this letter is to clearly communicate what your decision means about your child's identification as an English learner (EL). Please read the information below, sign the acknowledgement of understanding at the bottom of the page, and return this letter to the ESOL teacher at your child's school.

As required by federal legislation, a student whose overall proficiency level on the English language proficiency (ELP) assessment is below 4.5 **must be** identified as an EL in Maryland. A student identified as an EL must be offered ESOL Program services until he/she meets the state exit criteria.

As an EL, the student is eligible to receive the following components of the ESOL program:

1. Direct English language development (ELD) instruction which includes teaching strategies differentiated by ELP level
2. Support for other content-level and grade-level classes and progress monitoring
3. Accommodations through the implementation of an EL plan as required by federal legislation in all instruction and assessments, including classroom, local, and state assessments
4. Support in meeting the requirements for graduation
5. Invitations to all parent, family, and community engagement activities

If you refuse ESOL Program services, the only one of these components that your child will not receive is No. 1 (direct ELD instruction). Your child will be tested annually with Maryland's ELP assessment to measure his/her progress in learning and attaining English. He/she will be identified as part of the EL student group for all state testing requirements.

You will be provided with your child's ELP assessment results and informed of his/her eligibility or non-eligibility for the ESOL Program.

ACKNOWLEDGEMENT OF UNDERSTANDING

I understand I must complete this refusal process every year my child is identified as an EL. If I wish to resume direct ELD instruction for my child, I will contact the ESOL professional listed below:

| | | |
|------|-------|--------------|
| Name | Title | Phone Number |
|------|-------|--------------|

I understand the information provided to me and the implications of the decision I am making. I refuse ESOL Program services for my child.

Parent's/Guardian's Signature

Date