Opt Out of EL Services

To request ESL services be waived parents must meet with school administrator or Title III coordinator and complete this form.

Student's Name _____

School _____ Grade_____

Parent/Guardian Name _____ Relationship to Student_____

Date of Meeting _____

I understand that my child is eligible for ESL services, however, I would like to refuse/waive these services at this time. I understand:

- ☐ The state of South Dakota requires that all eligible students including those who have waived services to test annually for English language proficiency progress. My child will be assessed until he/she demonstrates proficiency in English.
- ☐ Refusing/waiving service does not negate the district's responsibility to ensure that my child has equal opportunity to have their English language and academic needs met.
- ☐ I am aware of my child's English language assessment score and other information about my child's current academic progress, and understand why he/she was recommended for additional English language instruction.
- ☐ I am familiar with the EL programs and services the school has available for my child.
- ☐ I have had the opportunity to discuss the available EL programs and services with the school.
- ☐ I understand that the school believes its recommendation is the most academically beneficial for my child.
- ☐ All of this information has been presented to me in a language I fully understand.

Reason for opting out of Services

_____

_____

_____

_____ Date _____

Parent/Guardian Signature