



Parent Notification of Continuing EL Services

Student name: _____

Dear Parents/Guardians:

Based on your child's most recent scores on the English language proficiency assessment, ACCESS for ELLs, she/he continues to be eligible for additional instruction to achieve English proficiency.

You child's most recent ACCESS for ELLs scores were:

Listening	Speaking	Reading	Writing	Overall

Additionally, your child's current academic achievement is *(describe GPA, standardized test scores, reading level, interim assessment scores, etc.)* _____.

Our District uses the following method(s) of language instruction: *(list and explain the methods offered and how they compare with each other)*. _____.

Your child will continue to receive additional instruction using a _____ method, which will meet the educational strengths and needs of your child by *(describe how this program will meet the needs of the child)* _____.

This program will help your child learn English and meet academic achievement standards by *(describe how this program will help the child learn English and meet age-appropriate academic achievement standards for grade promotion and graduation)* _____.

Each Spring, your child's academic English will be assessed using the ACCESS for ELLs assessment. She/he will be assessed in four language domains: Listening, Speaking, Reading, and Writing. Your child will be exited from this program when they meet the following proficiency requirements on ACCESS for ELLs:

Listening – 4.0 Speaking – 4.0 Reading – 4.0 Writing – 3.8 Overall – 4.5

Most English learner students transition out of these programs in four to seven years, depending on their initial level of English proficiency, as measured by ACCESS for ELLs. *(If the child is in high school, also describe the expected rate of graduation.)*

If the child has an individualized education program (IEP), include how this program meets the objectives of the IEP.

You have the right to immediately remove your child from the program upon request.

You have the right to choose another program or method of instruction for your child, if more than one option is available. You have the right to assistance by a District representative in assisting you with selecting a program.

For more information, please contact:

Name _____

Title _____

Phone _____

Email _____