

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

Date: _____		<input type="checkbox"/> Initial Placement	<input type="checkbox"/> Continuing Placement
Last Name	First Name	M.I.	Student ID
School		Grade	

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. Children are identified as needing services based upon your response to the Home Language Survey, teacher recommendation, and a test of English proficiency.

**Overall English Proficiency Level**

Low Beginner				High Beginner	Low Intermediate	High Intermediate	Advanced
(Initiating)	(Exploring)	(Engaging)	(Entering)	(Emerging)	(Developing)	(Expanding)	(Bridging)
<i>A1</i>	<i>A2</i>	<i>A3</i>	<i>I</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

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

- Content-based program:** Instruction is provided in English only and adapted to student’s level. The student spends a significant portion of each school day in classes with other ELLs.
- Pull-out program:** Student is excused from grade-level classes for specialized English instruction several times a week.
- Push-in program:** Student receives English language instruction in the mainstream classroom.
- Structured English Immersion:** Student receives specialized English language support within the grade-level classroom.
- Sheltered English:** Student receives content-based English language instruction.  
Check as appropriate: Social Studies\_\_\_\_ English\_\_\_\_Mathematics\_\_\_\_Science\_\_\_\_\_
- Other (Specify):**\_\_\_\_\_.

You have the right to request that your child be placed in a different method of instruction if available.

**Description of Program Placement Options and Goals for English Learners**

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 English language learners (ELLs) 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.

**ELL Students with Special Needs**

The child’s ESOL program will support meeting the instructional objectives of the individualized education plan (IEP).

**Exit Criteria**

Students will no longer be eligible for ESOL services when they demonstrate proficiency on the annual English language proficiency assessment and are able to succeed in age/grade appropriate learning environments.

**Parental Rights**

You have the right at any time to refuse ESOL services by contacting your child’s ESOL teacher and/or the school.

**Please indicate your decision below regarding your child’s placement:**

- Yes**, I want my child to participate in the ESOL program for the \_\_\_\_\_ school year.  
I understand that my child will be tested again in the second semester with the English language proficiency assessment to determine progress in the English language.
- 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 again in the second semester with the English language proficiency assessment to determine progress in the English language.

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.

Respectfully,

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Name Title Phone Number

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

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Name Title Phone Number

**Please sign your name below to show that you have received this notice and approve the placement decision indicated above.**

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Parent/Legal Guardian’s Signature Date

**Return this notice to:**

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Name Title Date