BILLINGS PUBLIC SCHOOLS
LIMITED ENGLISH PROFICIENCY PARENT NOTIFICATION
FOR EVALUATION OR SERVICES

ID# __________ First Name __________________________ Last Name __________
School __________________________ Date __________ Parents __________________________

☐ Evaluation

Your son or daughter has been identified as needing an evaluation of English Proficiency.
That evaluation will be conducted by school district staff and will occur at your child’s
school.

At the conclusion of the evaluation the staff will contact you, review the evaluation
information, and make recommendations for interventions, if appropriate.

If you have any questions or concerns please contact your school administrator.

☐ Services

It has been determined through evaluation that your child’s English Proficiency is not
adequate to allow for a successful school experience without support interventions.

The school will be implementing the following services to support your child’s education:

________________________________________________________________________

If you have any questions or concerns please contact your school administrator.

Administrative follow-up if appropriate:

________________________________________________________________________