

Carbon County School District #1
615 Rodeo St. Rawlins, WY 82301

Date: _____ Student: _____ School: _____
DOB: _____ Grade: _____ Primary Language: _____

Dear Parent/Guardian,

Upon enrollment in school, a language other than English was noted on your child's Home Language Survey. Based on this information, our school district is required by state and federal statute to assess the English language proficiency of your child to determine eligibility for English Language Learner (ELL) services. A child who does not demonstrate English proficiency on a screening assessment is considered by the state of Wyoming to be an active English Learner.

Your child was administered the _____ on _____. An overall composite score below 4.5 is considered to be an active EL. Your child received a score of _____ on this assessment. Based on this score, your child is:

_____ not an active EL and is not eligible to receive ELL services. No further action is required of you. Please retain a copy of this letter for your records.

_____ an active EL and is eligible to receive ELL services. Please read on for further information.

As an active EL, your child is entitled to programming that will help him/her become English proficient. ELs in our district receive services in a Sheltered English Instruction model facilitated by pull-out services, an Individual Learning Plan (ILP), and adult support within the regular classroom as needed. If your student has an Individual Education Program (IEP), ELL and special education staff will work together to provide the appropriate services in order for your child to reach English proficiency and meet the objectives of the IEP.

As an active EL, your child's growth in the English language will be assessed once a year with the WIDA ACCESS 2.0. Your child will remain an active EL with an ILP until he/she obtains a proficiency score of 4.6 or higher on this assessment. Once proficient, your child is no longer an active EL and will be monitored for the next four years. It is your right as a parent to refuse ELL services for your child. However, all active ELs must take the ACCESS 2.0 assessment regardless of consent for ELL services.

If your child is an active EL, please mark all of the following that apply:

_____ I received information about the EL services offered by the district.

_____ I wish to accept EL services for my child.

_____ I wish to refuse EL services for my child.

_____ I would like to schedule a parent conference to discuss these options for my child.

Please return this completed and signed form to your child's school by _____. If you have any questions regarding this form, please contact your child's school at _____.

Signature of parent/guardian

Telephone #

Date