

KILLINGLY PUBLIC SCHOOLS

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SUPERINTENDENT OF SCHOOLS

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ASSISTANT SUPERINTENDENT

Date: _____

Dear Parent/Guardian:

Connecticut and federal statutes governing the education of English Language Learners (ELLs) require the assessment and identification of all students who enter Killingly Public Schools. The language Assessment System (LAS Links), formal observation, and the English Language Interview are used by Killingly Public Schools to identify such students as English Language Learners.

Your son/daughter _____ has been recommended to participate in English Language Acquisition (ELA) services. The school district wants to provide the best educational program for your child. The ELA program is designed to help your child learn English in order to be successful in the classroom.

Your child is being recommended for ELA based upon the results of the home language survey, Language Assessment Scale (LAS Links) scores, Smarter Balanced Assessments, and his/her teachers' initial academic assessment:

LAS Links Overall Score _____

The focus of ELA services for your child will be _____

In order for your child to exit and no longer receive English Language Acquisition support, your child must reach the required scores on the LAS Links – Overall Score Level 4 or 5 **and** Reading Score 4 or higher **and** Writing Score 4 or higher.

Any English Learner who is eligible for an Individualized Education Program (IEP) for a child with a disability has the right to receive a free, appropriate public education as outlined in the (IEP) which is designed to meet the child's unique learning and language needs.

You have the right to refuse enrollment in these services. If you approve them, your child will continue to be eligible each year until you are notified that he/she has reached proficiency to exit the program, or should you request that he/she do so.

Please return this signed letter to me as soon as possible. Should you have any questions regarding the services, please contact me at (860) 779-_____.

Sincerely,

Language Assessment Coordinator
Killingly _____ School

 Yes, my child may participate in ESL services.

No, I choose to refuse the ESL services.

Name of Legal Guardian (please print): _____

Signature of Legal Guardian: _____ Date: _____