Dear Parent/Guardian:

Your child (insert child’s name) has been identified as an “English Language Learner;” a student in need of help to learn English and the district is recommending placement in a (insert name of program). We have determined (insert child’s name) eligibility, and placed (him or her) in such a program based on (insert reasons). Please review this letter, choose one of the options (see below) and sign and return the attached form within 10 school days.

(Child’s name) is performing at (insert status of child’s academic achievement). We have determined (his or her) level of English proficiency at (insert level) based on (insert how the district assessed that level).

We believe that placement in a (insert name of English instruction program) will help (insert child’s name) both to learn English and increase (his/her) level of academic performance. Attached is a series of questions and answers we hope will help you better understand the program in which we have placed (insert child’s name) and the benefits of that program.

The district will offer an orientation session for parents. We encourage you to attend. At the meetings, we will provide you with information about New York State’s Learning Standards and the school’s expectations that will help you to better understand the goals of your child’s program, and suggest ways you can help (insert child's name). In between meetings we are always ready to listen and respond to any questions and recommendations you might have. District staff will also meet with you individually once a year, in addition to regular parent/teacher meetings, to discuss your child’s language development progress, English language proficiency assessment results, and language development needs in all content areas.

You should know that you have the right to request a meeting with your child’s principal and ELL teacher to learn more.

We encourage you to help (insert child’s name) attain English proficiency and high academic achievement levels. Some ways in which you can do this include: (insert some examples).

If you have any questions about this notice or the attached information, please contact me and your child’s ELL teacher. All of us look forward to working with you to help (insert child’s name) improve (his or her) English and overall academic skills.

Sincerely,

Building Principal

*   *   *

SOMERS CSD
4326-E.1
Questions and Answers About Your Child’s English Instruction Educational Program

1. What methods of instruction will be used in my child’s program?

2. Does the district offer any other programs for English language learners?

3. How do these other programs differ from the one offered my child in terms of methods of instruction, content, instructional goals and the use of English and a native language in instruction?

4. How will this program meet the educational strengths and needs of my child?

5. How will my child’s program specifically help (him or her) learn English and meet age appropriate academic achievement standards for grade promotion and graduation?

6. What are the specific exit requirements of my child’s program? What is the expected rate of transition into non-ELL classrooms? What is the expected graduation rate from high schools receiving Title I funds?

7. My child is classified as a student with a disability. How will my child’s English learning program meet the objectives set out in (his or her) individualized education program?

Adoption date: June 9, 2015
Reviewed: October 29, 2019
PROGRAMS FOR ENGLISH LANGUAGE LEARNERS EXHIBIT
PLACEMENT IN A LANGUAGE INSTRUCTION EDUCATIONAL PROGRAM –
PARENT RESPONSE FORM.

NOTE: This form must be returned within 10 school days.

I, as parent/guardian of (insert child’s name), acknowledge receipt of the district’s notification regarding my child’s eligibility for an English Language Learner program. I elect the following option:

(check one box)

☐ I accept the district’s recommended placement.

☐ I decline the district’s recommended placement at this time and request a meeting with the building principal and ELL Teacher.

______________________________
Print Name (Parent)

______________________________  ________________________
Parent Signature     Date

Mail to: (district provide mailing address)
Or email to: (provide district email address)