POST FALLS
SCHOOL DISTRICT #273

ENGLISH LANGUAGE DEVELOPMENT PROGRAMS/SERVICES

Parental Waiver of Services

School Year 2024-2025

Parents/guardians have the right to decline EL services, but this does not remove any EL designation or the federal requirement of having him/her annually assessed for English Language Proficiency. A Waiver of EL Services form must be signed, dated, and filed yearly in the student's EL cumulative folder.

As the parent/guardian of _____,I hereby request that he/she be withdrawn from the English language development program and/or services to which he/she has been assigned. By initialing below, I acknowledge that I understand the following:

- (Parent Initials) _____ My child has been identified as an English learner.
- (Parent Initials) _____ The district provides specialized instructional services for English learners.
- (Parent Initials) _____ My child has been placed in a program containing English language development.

I request by signing below that my child not participate in these services. Instead, I request that he/she be placed in an alternate program/classroom where these services are not provided. I understand that my child will not receive English language development instruction or any assistance in his/her primary language. I understand that lack of full English proficiency can be a barrier to academic achievement.

I also understand that my child's teacher may continue to provide instruction designed to increase English proficiency and that this instruction may be provided together with other students who already possess full English proficiency.

_____ _____

Parent Signature Date

As a Post Falls School District designee of the EL Program, We have explained the student's language acquisition level and the specific EL program available in detail. We believe the parents understand the information we have provided. We have informed them that they can change their minds at any time.

_____ _____

Principal's Signature of Approval Date

_____ _____

DISTRICT ADMINISTRATIVE OFFICE
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District Office Signature of Approval Date