Please Respond in English

English

Determination of Student Eligibility for Program Placement

Havre Public Schools

Determination of Student Eligibility for Program Placement

Name of Student: _____ Date: _____
(mm/dd/yyyy)

School: _____ Grade: _____

Dear Parent or Guardian:

You completed a Home Language Survey when your child registered for school. On that form you indicated that a language other than English is spoken by your child or in the home. Based on this information, the school gave your child a test to determine his or her eligibility for placement in English Learner Services provided by funding from Title I, Title III, or both.

We used _____ *(name of test)* to test your child's English language abilities in:

- ❑ speaking ❑ reading ❑ writing ❑ listening
- ❑ and we used other information, such as 1) previous education and social experiences, 2) written recommendations and observations by school staff that teach your child, 3) an Eligibility Placement Committee meeting, 4) mastery of basic skills in English and their home language, 5) grades from current or previous years, or a combination of these.

Based on your child's results we:

- ❑ recommend that your child be placed in English Learner Services provided by Title I, Title III, or both if both are available.
- ❑ do not recommend English Learner Services provided by Title I or Title III for your child because your child does not qualify for these services.

If your child is placed in English Learner Services, we feel these services will help your child do well in school and meet graduation requirements. Please sign below where indicated and return this notice to your child's school.

Thank you for your interest in the quality of your child's education. Please contact us if you have any questions or if you do not wish to have your child placed in the program.

Lisa Passon	Testing Coordinator
Name	Title
406-395-8550	passonl@blueponyk12
Phone	Email Address

Eligibility Placement Committee (if applicable):

Name: _____ Signature: _____ Title: _____ Date: _____(mm/dd/yyyy)

Name: _____ Signature: _____ Title: _____ Date: _____(mm/dd/yyyy)

Name: _____ Signature: _____ Title: _____ Date: _____(mm/dd/yyyy)

Name: _____ Signature: _____ Title: _____ Date: _____(mm/dd/yyyy)

Parent or Guardian: Please complete the section below and return the <u>entire</u> form to your child's school

Name of Parent or Guardian: _____ Signature: _____

Phone: _____ Email: _____

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