English

Parent Meeting for English Learner: Student At Risk

Havre Public Schools

Parent Meeting for English Learner: Student At Risk

Student Name:_____Date: _____
(mm/dd/yyyy)

School: _____

Dear Parent or Guardian:

Your child is provided services in our district's English Learner Services provided by Title I, Title III, or both. Your child is not doing well academically in school, is not making progress toward becoming proficient in English, or both. Proficiency in a language is a measure of a person's ability to understand and communicate in that language or in a person's preferred mode of communication. Your child's teacher(s) have worked with your child to help him or her become proficient in English and succeed in school. However, your child may not be learning the necessary skills to be successful in class. This is resulting in your child becoming at-risk academically and not succeeding in school.

It is important that we meet with you to discuss your child's progress and possible actions. We hope that a plan can be developed that will help your child become proficient in English and be successful in school.

A meeting with your child's teacher has been scheduled for the following date, time, and location:

Meeting Date: _____(mm/dd/yyyy)

Time: _____

Meeting Location:

School staff attending this meeting may include the following individuals:

- ❑ Your child's English Learner and classroom teacher(s): _____
- ❑ School Administrator: _____
- ❑ Counselor or School Psychologist: _____
- ❑ Learning Specialist or Therapist: _____
- ❑ Other: _____

You may invite others to attend the meeting with you or request other school staff to be in attendance. If you have any questions about this meeting or if you cannot attend on the scheduled date or time, please contact me as soon as possible. If you would like to invite others to this meeting, please tell us who you plan to invite below and return this letter to your child's school.

Additional invitees: _____

Sincerely,

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

Please check one: ❑ Please have an interpreter available. Language:_____

❑ I do not need any translation/interpretation assistance.

Thank you for your support and involvement in your child's education.

OFFICE USE ONLY				
Student ID #	Dist. Student #	Grade Level	Student Name	Faculty Name
Faculty #	Birthdate	Home Phone	Home Language	First Date Student Attended School in the U.S.

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