



## PARENT REQUEST TO WAIVE ESL SERVICES

|                         |                     |                        |
|-------------------------|---------------------|------------------------|
|                         |                     | <hr/> Date             |
| <hr/> Student Full Name | <hr/> Student Grade | <hr/> Student State ID |
| <hr/> School            |                     |                        |

EL services are specifically designed to help your child obtain English language proficiency as well as acquire grade-level content. However, pursuant by federal law, parents or guardians of ESL students shall be annually informed of the right to refuse placement of their child(ren) in ESL programs, and each LEA (local education agency) shall provide the parent(s) or guardian(s) the option to waive Direct ESL Services before services are provided, or at any time during the course of the school year. If services are waived, indirect services will be provided by general education teachers.

If you wish to opt your child out of the ESL program, please initial next to each item on the checklist below. Doing so will indicate that you fully understand and agree with each statement:

- \_\_\_\_\_ I understand that my child is eligible for ESL services.
- \_\_\_\_\_ I understand my child will still be required to take the state approved assessment in the spring.
- \_\_\_\_\_ I understand that I can reinstate my child in active ESL services upon my request.
- \_\_\_\_\_ I understand my child will be provided with linguistically appropriate accommodations and scaffolding within the general education setting as described in the student's ILP.
- \_\_\_\_\_ I understand that this waiver is valid for one school year, and should I decide to continue to waive these services in subsequent school years I must complete a new waiver form.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date