PARENT REQUEST TO DECLINE / OPT OUT OF ENGLISH LEARNER SERVICES

School District: _____ **School:** _____

School Year: _____ **Date:** _____

STUDENT INFORMATION

Student Name: _____ **Student ID:** _____

Date of Birth: _____ **Grade:** _____

Primary/Home Language: _____ **Parent/Guardian:** _____

PARENT / GUARDIAN REQUEST

I understand that my child has been identified as an English Learner (EL) and is eligible for services designed to support English-language development and access to the academic curriculum. I have been informed of the available programs/services and request that my child not participate in the service(s) checked below.

☐ Decline all English Learner-specific instructional services offered to my child.

☐ Decline Designated English Language Development (Designated ELD).

☐ Decline the following specific EL service/program: _____

PARENT / GUARDIAN ACKNOWLEDGMENT

1. My decision to decline EL services is voluntary.

2. My child will remain identified as an English Learner until California reclassification criteria are met.

3. My child must continue to participate annually in the Summative ELPAC, or Summative Alternate ELPAC when applicable, until reclassified.

4. The school/district will continue to monitor my child's academic achievement and English-language development and must continue to provide meaningful access to the educational program.

5. I may request that my child resume participation in English Learner services at any time by contacting the school.

6. Declining services does not waive my child's rights as an English Learner.

SIGNATURES

Parent/Guardian Name (Print): _____ **Date:** _____

Parent/Guardian Signature: _____ **Phone/Email:** _____

FOR SCHOOL / DISTRICT USE ONLY

Date Received: _____ **Staff Member:** _____

Services Declined: _____ **Effective Date:** _____

Staff Verification: ☐ Parent informed of available EL services ☐ EL status continues until reclassification ☐ Annual ELPAC/Alternate ELPAC requirement explained

Language/Interpreter Provided (if applicable): _____ District Representative Signature: _____

This form documents a parent/guardian request to decline EL services.
It does not change the student's EL classification or required annual English-language proficiency assessment.