ENGLISH LANGUAGE DEVELOPMENT PROGRAM
Parental Waiver Form

Student Name: Click here to enter text. School: Click here to enter text.

Opt-out Date: Click here to enter a date. Grade: Click here to enter text.

Student ID#: Click here to enter text.

As required by federal law, your child has taken an English language proficiency test to determine if s/he qualifies for English Language Development (ELD) instruction in order to comprehend daily lessons and participate socially in school. Your child has been tested in English reading, writing, speaking and listening. The test scores indicate that s/he is eligible to receive ELD instruction in a program designed to help students acquire English language proficiency and access grade level content instruction.

Parental Right to Refuse ELD Services: The school has described in detail the ELD program they recommend for my child. I have considered the program(s) offered by the school and have chosen to decline separate, specialized ELD instruction for my child. Specialized services or classes are those provided only for English Learners (ELs), for example ELD pull-out classes, ESL tutoring, after-school English tutoring for ELs or content classes consisting of only ELs. This does not include a class composed of ELs and non-ELs in which ELD is supported through content instruction. By checking (✔) each item below, I acknowledge that I have read and understand each statement.

☐ I am aware of my child's English language assessment score and other information about my child's current academic progress, and understand why s/he was recommended for additional English language instruction.

☐ My decision to decline or opt-out of specialized ELD instruction is voluntary.

☐ The school district will report my child to the Pennsylvania Department of Education as an English Learner (EL) until my child attains English proficiency.

☐ Federal law requires that my child will be tested annually with the WIDA ACCESS for ELs 2.0 until s/he attains English proficiency and is no longer considered EL status.

☐ The school district will monitor my child's academic progress without benefit of receiving specialized ELD instruction until my child attains English proficiency, and four years after exit from EL status.

☐ The school district will continue to inform me of my child's progress in attaining English proficiency.

☐ I can change my preference at any time by notifying the school district in writing, and allow my child to enroll in the ELD program(s) offered by the school.

I, Click here to enter text. (parent/guardian name) with a full understanding of the above information, wish to

☐ Decline **all** of the specialized ELD programs and services offered to my child.

☐ Decline **some** of the ELD programs and/or particular ELD services offered to my child.

Parent/Guardian Signature: _____ Date: _____