Continuing Enrollment

Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

Dear Parent or Legal Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter is to notify you that your child continues to be eligible for English language support services.

Your child will take the ACCESS test every year to measure their English language proficiency level and English language support needs. Your child’s Composite Score on the (SY 20XX) ACCESS for ELLs® test was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Our school provides language support services to students whose primary language in the home is not English and who may benefit from extra English language and academic support.

These language services for your child are based on their English language proficiency and current school experiences. Your child will receive the following services or supports:

Examples (please list services your school provides EL students)

* personalized instructional materials in English or your child’s home language
* testing supports
* specialized classes
* first-language support
* one-to-one, or small group instruction with a classroom teacher, EL or bilingual teacher, and/or an educational aide

Instruction may be in an inclusive or stand-alone setting and may include home language support. These programs are designed to help students learn English and academic content and promote academic success in school.

Your child has a right to these services by law. You may request changes to your child’s English learner services at any time by contacting the school in writing with your request. You may decide not to have your child participate in direct English language services. If so, any English language support will be provided through the general instructional program.

Participation in EL services does not exclude your child from participating in other programs and educational opportunities your child may be eligible for, including engaging with peers, extracurricular activities, gifted programming, and/or special education services.

If you have any questions contact,

Place contact person here

Sincerely,

 Name

**Permission for English language services**

Check the box for your choice:

* I **understand** the English language services that are being offered and I **agree** to the services described in this letter.
* I **understand** the English language services that are being offered and I **do not agree** to the services described in this letter.
* I **would like more information** about these English language services before I make a decision for my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Signature               Date