

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

PARENT NOTIFICATION OF STUDENT EXITING FROM THE ENGLISH FOR SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAM

(Date)

To the Parents/Guardians of: _____
(Student Name)

Grade: _____

From School/Center: _____

Exit Date: _____

Your child has participated in an ESOL Program and successfully met the appropriate criteria to exit the program.

- For Grades K-2**
 - Proficient on CELLA Listening/Speaking, Reading and Writing
- For Grades 3-9**
 - Achievement level of 3 or higher on FCAT Reading
 - Proficient on CELLA Listening/Speaking, Reading and Writing
- For Grades 10-12**
 - A score on the 10th grade FCAT Reading to meet graduation requirements or an equivalent concordant score.
 - Proficient on CELLA Listening/Speaking, Reading and Writing
- ELL Committee Recommendation** Date of Meeting _____

As required by law, your child’s progress will be monitored for 2 years following exit from the ESOL Program. Please note that your child can be re-entered into the ESOL Program during the monitoring period if necessary, as determined by an ELL Committee.

If you have any questions regarding this exiting, please contact _____ at _____
(ESOL Contact)

(School phone number)