

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
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PARENT NOTIFICATION of PLACEMENT/CONTINUATION OF SERVICES in the ENGLISH for SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAM

(Date)

To the Parents/Guardians of: _____ Grade: _____

School: _____

- Initial Placement in the ESOL Program Continuing Placement in the ESOL Program

Based on your responses to the Home Language Survey on the Student Registration form, your child was assessed and identified as needing English language support on ____/____/____ (Date of Entry). We are pleased to inform you that your child will receive instruction in the district's English for Speakers of Other Languages (ESOL) program.

Your child's test scores and/or other criteria were used to determine his/her English proficiency:

1. Listening/Speaking Assessment (K-12) Instrument _____ Language Classification _____
2. Reading/Writing Assessment (Grades 3-12) Instrument _____ Reading _____ Writing _____

The goal of the ESOL program is to help your child acquire English proficiency to meet appropriate academic achievement standards for grade promotion and graduation. The ESOL Program adjusts instruction to the child's strengths and needs. Please visit www.browarddesolparents.com and www.broward.k12.fl.us/esol for more information. If your child has additional educational needs, ESOL services will be included in the guidelines and recommendations for their Individualized Education Plan (IEP).

You are encouraged to participate in developing your child's individual English Language Learner Student Education Plan (ELLSEP) Plan, which describes how your child will progress in English and meet academic standards. Although you have the right to choose your child's ESOL program, it is recommended that your child participate in the following:

- 1. Sheltered Instruction/Self-contained Classes-Language Arts** (Students receive Language Arts instruction with ELLs only)
- 2. Sheltered Instruction/Self-contained Classes-Basic Subject Areas** (Students receive math, science, social studies, and/or computer literacy instruction with ELLs only)
- 3. Basic Mainstream/Inclusion-Language Arts** (Students receive Language Arts instruction with ELLs and non-ELLs using ESOL strategies)
- 4. Basic Mainstream/Inclusion- Basic Subject Areas** (Students receive math, science, social studies, and/or computer literacy instruction with ELLs and non-ELLs using ESOL strategies)

Your child will participate in the ESOL Program until he/she meets the established State exit criteria. The right to comprehensible instruction cannot be waived. An English Language Learner Student Education Plan (ELLSEP) folder has been developed for your child. Please contact the ESOL Curriculum/Contact person below for more information.

(ESOL Curriculum/Contact Person)

School phone number

**Please complete the section below and return to your child's school.
Check all that apply.**

Student's name: _____ **Phone Number:** ____ (____) _____ **Date:** _____

___ I understand my child will receive ESOL program services and agree to the program placement.

___ I wish to discuss my child's educational needs and the ESOL program recommendation.

___ I would like to get more information on the family involvement activities at this school.

Parent/Guardian Name _____ **Parent/Guardian Signature** _____