## 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	e Parents of:	
Grade	(Stu	ident Name)
From	School/Center:	
Date	of Exiting:	
	child has participated in an ESOL Program and e program.	successfully met the appropriate criteria to
These	criteria are listed below:	
	For Grades K-2  • Scores Fluent English Speaker (FES)	Name of Test
	Proficient on CELLA Composite and C	ELLA Reading
	• FCAT Level 3 Reading or greater or the equivalent developmental scale score on the Reading test of the SSS.	
	Proficient in CELLA Composite and CEL	LA Reading
	ELL Committee Recommendation	Date of Meeting
Please		monitored for 2 years following exit from the ESOL Program e ESOL Program during the monitoring period if necessary, as
If you	have any questions regarding this exiting, plea	se contact the ESOL Curriculum/Contact at
Signat	ture of School/District Staff	·
CC/sd	- Form # 4703	Original: Parent

Copy: ELLSEP Folder

Revised 08/09