

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 of: _____
(Student Name)

Grade: _____

From School/Center: _____

Date of Exiting: _____

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

These criteria are listed below:

- For Grades K-2**
- Scores Fluent English Speaker (FES) Name of Test _____
 - Proficient on CELLA Composite and CELLA Reading
- For Grades 3-12**
- FCAT Level 3 Reading or greater or the equivalent developmental scale score on the Reading test of the SSS.
 - Proficient in CELLA Composite and CELLA Reading
- 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 the ESOL Curriculum/Contact at

_____.

Signature of School/District Staff _____