(Insert Date)

Dear Parent or Guardian,

Through district monitoring, your child has been identified as possibly eligible for re-enrollment in the English language development program. We reviewed the following data in our monitoring.

**District Data Review**

|  |  |
| --- | --- |
| **Data Type** | **Outcome of the Data Review** |
| Attendance |  |
| Behavior |  |
| Reading |  |
| Math |  |
| Writing |  |
| Social Studies |  |
| Science |  |
| Other |  |
| Teacher qualifications |  |
| Homework completion |  |
| Smarter Balanced results |  |
| District assessments |  |
| Administrative input |  |
| Percent of the district’s exited English Learners meeting standard on content based-assessments: one, two, and four years after transitioning. |  |
| ELP assessment scores |  |
| Special Education supports (when applicable) |  |

To determine your child’s eligibility for these services, our district has reviewed the following supports which are being provided to your child, and we found them to be adequate.

**General Education and Intervention Supports**

|  |
| --- |
| General education supports |
| 1. |
| 2. |
| 3. |
| 4. |

|  |
| --- |
| Intervention supports |
| 1. |
| 2. |
| 3. |

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Bearing in mind the supports provided to your child, our monitoring has indicated that English language development services may still be beneficial. Some students test out of the language development program appropriately, but, after re-entry into the mainstream curriculum, show that they still need language acquisition supports.

We are requesting your permission to rescreen your child on the state English language proficiency screener. If your child scores a qualifying result, then your child will be re-enrolled in the English language development program. If your child scores at the proficient level, then we will continue to monitor your child and determine what other supports may be appropriate. Whether or not you permit the district to rescreen your child for services, the district will provide updates on the progress of your child.

Please document your response to our request to rescreen your child.

[ ]  I consent to having my child rescreened for English language development services.

[ ]  I do not consent to having my child rescreened for English language development services.

[ ]  I would like to discuss other possible supports before making this decision.

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Family member’s printed name Family member’s signature

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

District staff member’s printed name District staff member’s signature

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Date (format: mm/dd/yyyy)

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