



ESOL DEPARTMENT
ELL Entrance Letter

Date: _____

Student Name: _____ Other ID: _____

To Parents/Guardian:

Your child has been assessed for English language proficiency and a need for intensive instruction in English is indicated. Your child will attend _____ School and will be placed in the English Language Learners (ELL) Program. He/she will receive comprehensible instruction by appropriately trained teachers, using ELL strategies. The purpose of ELL is to develop the listening, speaking, reading, and writing skills in English.

Your child is guaranteed equal access to all student services and programs. You have the right to request an evaluation of your child at any time. If you have questions, please contact your child's school or call the ELL Office at 955-7622.

- Initial Entrance into ELL
- Reclassification LEP and Entrance into ELL
- Other: _____

Sincerely,

ESOL Coordinator Print Name

ESOL Coordinator Signature