Alachua County Public Schools
620 East University Avenue
Gainesville, FL 32601

Notification of Placement and Services
In English to Speakers of Other Languages (ESOL) Program

Date:__________ Initial/Continuing Placement:___________ School:______________________ Grade:________

Dear Parent/ Legal Guardian,

Based on your responses to the Home Language Survey, your child has been assessed and identified as needing ESOL services. We are pleased to inform you that your child will receive instruction in the district's ESOL program.

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

1. Name of Test/Score/Level on listening/speaking assessment:____
2. Name of Test/Score/Level on reading/writing assessment for 3 -12 grade:______________________________
3. Other criteria:____

The goal of the ESOL program is to help your child learn English, in order to meet appropriate academic achievement standards for grade promotion and graduation. The ESOL programs adjust instruction to the child's strengths and needs. Once your student has been determined to be English language proficient they are eligible to be exited from ESOL. Students can be exited based on state or nationally normed test scores and/or by an English Language Learner committee. You will be invited to attend any meeting regarding your student's ESOL eligibility.

If your child has a disability, ESOL services will be included in the guidelines and recommendations in their Individualized Education Plan (IEP).

You are encouraged to participate in developing your child's individual English Language Learner (ELL) 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:

☐ Mainstream/Inclusion-Language Arts (students receive instruction with both ELLs and non-ELLs)

☐ Mainstream/Inclusion-Basic Subject Areas (math, science, social studies, computer literacy)

☐ Sheltered-Language Arts (students receive instruction with ELLs only)

Your child has the option to attend an ESOL Center/Program School. Transportation will be provided.

_____________________________________ _____________________ _______________________
Principal or Designee Date School Phone Number

Please complete the section below and return to your child's school.

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Student's name:______________________________ Phone Number:______________ Date:______________

Check all that apply

☐ 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 Signature: ____ Date: ____________________

Form No.: CUR 617-006–Notification of Placement and Services—English/ESOL
New Date: 10/31/16