

Alachua County Public Schools
ESOL Department

ESOL PARENT INFORMED CONSENT

Please place a check (✓) by each item indicating that you have read the item and that you understand it.*

- I understand that the State of Florida requires that any student for whom there is a “yes” response to any of the three (3) questions posed in the *Home Language Survey* be assessed to determine if he/she qualifies for ESOL services.
- I understand that all students who are assessed and qualify for ESOL services must receive ESOL services.
- I understand that my child, _____, qualifies for ESOL services based on the test results of the English Language Proficiency Assessment and will receive ESOL services.
- The **option** of having my child attend the ESOL program at one of the three designated ESOL program schools has been explained to me.

Check (✓) one of the following: (only one (1) item is to be checked)

- I agree to have my child attend the ESOL program at the designated ESOL program school, _____ rather than his/her school of zone. The instructional delivery model: ESOL Language Arts (self contained) and Core Subjects inclusion using ESOL strategies.
- I elect to have my child attend his/her school of zone, _____, where he/she will receive ESOL services. The instructional delivery model: Language Arts and Core Subjects inclusion using ESOL strategies.

- I prefer home/school communication in English.
- I prefer home/school communication in my native language when possible. Indicate native language preferred. _____

Parent(s) Signature: _____ Date: _____

*Attention school personnel: Please review each of the above items with the parent(s). After the form is completed, attach the ESOL Office copy of this form to the ESOL office copy of the *Home Language Survey* with test results. Send to the ESOL Office.