

## Entrance Letter for ESOL

Date: \_\_\_\_\_

To the Parents/Guardians of \_\_\_\_\_

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 for Speakers of Other Languages (ESOL) Program. He/she will receive comprehensible instruction by appropriately trained teachers, using ESOL strategies. The purpose of ESOL 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 ESOL Office at 955-7622.

- Initial Entrance into ESOL
- Reclassification LEP and Entrance into ESOL
- Other: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Title**