



PUTNAM COUNTY SCHOOL DISTRICT

Annual Parent Notification of English for Speakers of Other Languages Program Status

Student Name (first, middle initial, last)	Student ID#	Date	Grade
School	Tier	Initial Start Date Into ESOL	

Your child has participated in an ESOL program and will continue to receive services for the _____ school year.

The Putnam County School District's ESOL program provides English Language Learners with comprehensible instruction in order to achieve success in all academic areas. The program is flexible so that your child may progress as quickly as possible in learning English. An individualized plan will be developed for your child to best meet his/her English language and academic needs. This plan will contain strategies and accommodations to ensure academic success. If your child has a disability, ESOL services will be included in the guidelines and recommendations in the Individualized Education Plan (IEP).

You have the right and are encouraged to participate in developing your child's educational plan and any decision regarding your child's education. The school's ELL Committee is available to meet with you to review your child's educational needs and placement recommendations.

Your child will be instructed through the following ESOL model:

Support in mainstream classroom - students receive instruction in mainstream classes by qualified teachers using ESOL instructional strategies

Your child was exited from the ESOL program on _____ using the following criteria:

- The student scored as a Fluent English Speaker (FES) on an Oral Language Proficiency Test
- The student has demonstrated grade level proficiency in reading and writing
- Teacher recommendation
- ELL Committee recommendation

After exit, your child's progress will be monitored for two years. Your child can be readmitted to the ESOL program during the monitoring period if necessary, as determined by an ELL Committee.

See the attached ACCESS for ELLs 2.0 results for your child's English proficiency results.

If you have any questions, contact the school ESOL Coordinator/Contact at _____

Signature of School ESOL Coordinator/Contact

Date

Student Name (first, middle initial, last) _____

I have received information concerning my child's ESOL program placement for this school year.

Signature of Parent/Guardian

Date