

Taylor County Schools
NOTIFICATION of PLACEMENT and SERVICES in the
ENGLISH TO SPEAKERS OF OTHER LANGUAGES (ESOL) PROGRAM and
INVITATION to ENGLISH LANGUAGE LEARNER PLAN DEVELOPMENT MEETING

Date: _____ Initial 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. WIDA Screener (1st-12th) Language Domain Scores:
Listening _____ Speaking _____ Reading _____ Writing _____
Composite Scores:
Oral Language _____ Literacy _____ Overall _____
2. WIDA Screener (K-1st grade/1st semester) Listening/Speaking _____ Reading _____ Writing _____
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.

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.

The ELL Committee will meet to develop your child's ELL Plan on _____ at _____

School ELL Coordinator

Date

School phone number

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

Student's Name: _____ Phone Number: _____ Date: _____

- ☐ 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.
- ☐ I will attend the meeting to develop my child's ELL Plan.

Parent/Guardian Signature: _____