

English as a Second Language (ESL) Program Parental Notification of Identification and Approval of Placement

Commissioner Mike Morath

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 436-9838 FAX • tea.texas.gov

Student Name:		District/Charter Name:
Student ID#:	Grade: _	Campus Name:
	fication of Ider	ND LANGUAGE (ESL) PROGRAM ntification and Approval of Placement 89, Subchapter BB, §89.1240(a)*
Date Sent:		<u> </u>
Dear Parent/Guardiar	١,	
The Language Profici placed in the English Subchapter, BB	ency Assessment C as a Second Langua linguistic support. Th ent areas.	student and will benefit from receiving linguistic support Committee (LPAC) recommends that your child be lage (ESL) program required in the district (19 TAC) he goal of an ESL program is to develop English is are as follows.
	Language	Assessment Results
S	tate-Approved English La	anguage Proficiency Test for Identification*
Date of assessment:		
		nguage proficiency level
Grade 1: LAS Links:	Listening	
Grades 2 - 12: LAS LIF	nks: Listening	
*Possified for emerger	Reading nt bilingual student identi	
		ge Assessment Test (Spanish), if applicable
		anguage proficiency level
	•	ening Sneaking

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Participating in the ESL program will benefit your child's academic and language development by providing instruction in literacy and academic content through making connections to the students' primary/home language as well as instruction in English that targets second language development through academic content. The ESL program curriculum is based on the Texas Essential Knowledge and Skills (TEKS) and the English Language Proficiency Standards (ELPS). For more information on the ESL program benefits, see the parent brochures on the Emergent Bilingual Portal: www.txel.org/parents-and-families/. If your child has also been identified as child with a disability, gifted and talented, or if he/she receives 504 services, close collaboration will be maintained between the (LPAC) and the other relevant committees to ensure your child receives their additional individualized supports.

School Representative:	Telephone:
If you have any questions regarding this placeme	ent recommendation, please contact:
Signature of Parent/Guardian:	Date:
\square I do not want my child to participate in the	e ESL program.
\square I do want my child to participate in the ES	L program.
Please check the appropriate box, sign, and retu	rn to your child's teacher.

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^{*}Texas Administrative Code §89.1240(a) Parental Authority and Responsibility
The parent's (program) approval shall be considered valid for the student's continued participation in the required bilingual education or ESL program until the student meets the reclassification criteria described in 89.1226(i) of this title, the student graduates from high school, or a change occurs in program placement.