



Student Name: _____ District/Charter Name: _____
Student ID#: _____ Grade: _____ Campus Name: _____

BILINGUAL PROGRAM PARENTAL DENIAL of PROGRAM SERVICES

19 TAC Chapter 89, Subchapter BB, §89.1240(a)

Date Sent: _____

Dear Parent/Guardian,

The Language Proficiency Assessment Committee (LPAC) has identified your student as Emergent Bilingual and has recommended that your child be placed in a bilingual program required by state law.

Participating in the bilingual program will benefit your child’s academic and language development.

- Instruction in literacy and the content areas in your child’s home language to continue developing and strengthening their listening, speaking, reading, and writing skills.
 - Summer school opportunities for kinder and 1st-grade students
- Instruction in English for second language development and acquisition of listening, speaking, reading, and writing skills.
- Targeted opportunities to build and make connections from one language to another to use all linguistic resources.
- Build and strengthen bicultural identity and understanding by fostering respect and confidence for self and others.
- Access to a homeroom teacher who can communicate in English and the home language.

If you have indicated that after conferring with your school you do not want your child to participate in the bilingual program, please initial each of the following statements, mark your decision, and sign below.

_____ The benefits of participation in the bilingual program have been explained to me in further detail and beyond what is listed in this document.

_____ It has been explained to me that my child will be identified as an emergent bilingual (EB) student even if he/she does not participate in the bilingual program

_____ It has been explained to me that my child will be assessed annually with the Texas English Language Proficiency Assessment System (TELPAS) which includes four domains; reading, writing, speaking and listening, until he/she meets reclassification criteria to be classified as English proficient.

_____ As an EB student, my child’s teacher will incorporate the English Language Proficiency Standards (ELPS) in instruction to prepare my child for the TELPAS, even though he/she does not participate in the bilingual program.

_____ It has been explained to me that the LPAC may recommend linguistic accommodations (designated supports) on state assessments such as the STAAR if my child uses these accommodations regularly in classroom instruction.

_____ The differences in bilingual education and ESL services have been explained to me.

Bilingual Staff Member Signature: _____ **Date:** _____

District/Charter Position: _____

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- I **do** want my child to participate in the bilingual program now that the benefits have been explained to me.
 - I **do not** want my child to participate in the bilingual program that the LPAC has recommended; however, I **do** want my child to participate in an English as a Second Language (ESL) program.
 - I **do not** want my child to participate in any language programs (bilingual education or ESL). I have initialed each statement above to indicate my understanding of the parental denial of services.

Signature of Parent/Guardian: _____ **Date:** _____