

LPAC

LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE

ENGLISH Parent Letters



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Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____



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

DUAL LANGUAGE IMMERSION (DLI) PROGRAM

Parental Notification of Identification and Approval of Placement

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

Date Sent: _____

Dear Parent/Guardian,

Based on your responses to the Home Language Survey, your child has been assessed and identified as an emergent bilingual (EB) student and will benefit from receiving linguistic support. The Language Proficiency Assessment Committee (LPAC) recommends that your child be placed in the Dual Language Immersion (DLI) program required in the district (19 TAC Subchapter, BB §89.1205) to receive linguistic support. The goals of the DLI program are to develop bilingualism and biliteracy in all content areas, achieve academic content mastery in two languages, and cultivate sociocultural competence throughout the duration of the program.

Language Assessment Results	
State-Approved English Language Proficiency Test for Identification* Date of	
assessment: _____	
PreK - Kindergarten: preLAS English: Oral Language proficiency level _____	
Grade 1: LAS Links:	Listening _____ Speaking _____
Grades 2 - 12: LAS Links:	Listening _____ Speaking _____
	Reading _____ Writing _____
<i>*Required for emergent bilingual student identification</i>	
State- Approved Language Assessment Test (Spanish), if applicable	
PreK - Kindergarten: preLAS Español: Oral Language proficiency level _____	
Grades 1 and above: LAS Links Español:	Listening _____ Speaking _____

Participating in the DLI program will benefit your child’s academic and language development by providing instruction in literacy and academic content through the students’ partner/home language along with instruction in English that targets second language development through academic content. The DLI program curriculum is based on the Texas Essential Knowledge and Skills (TEKS) and the English Language Proficiency Standards (ELPS). For more information on the benefits of DLI, 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.

Please check the appropriate box, sign, and return to your child’s teacher.

- I do want my child to participate in the dual language immersion program.
- I do not want my child to participate in the dual language immersion program. I would like to discuss other options that will support my child’s language/academic development.

Signature of Parent/Guardian: _____ Date: _____

If you have any questions regarding this placement recommendation, please contact:

School Representative: _____ Telephone: _____

**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.*



Student Name: _____ District/Charter Name: _____

Student ID#: _____ Grade: _____ Campus Name: _____

TRANSITIONAL BILINGUAL EDUCATION (TBE) PROGRAM Parental Notification of Identification and Approval of Placement 19 TAC Chapter 89, Subchapter BB, §89.1240(a)*

Date Sent: _____

Dear Parent/Guardian,

Based on your responses to the Home Language Survey, your child has been assessed and identified as an emergent bilingual (EB) student and will benefit from receiving linguistic support. The Language Proficiency Assessment Committee (LPAC) recommends that your child be placed in the Transitional Bilingual Education (TBE) program required in the district (19 TAC Subchapter, BB §89.1205) to receive linguistic support. The goal of the TBE program is for students to use their primary language as a resource while acquiring full proficiency in English. (19 TAC Subchapter, BB 89.1210)

Your child's language assessment scores are as follows.

Language Assessment Results	
State-Approved English Language Proficiency Test for Identification*	
Date of assessment: _____	
PreK - Kindergarten: preLAS English: Oral Language proficiency level _____	
Grade 1: LAS Links:	Listening _____ Speaking _____
Grades 2 - 12: LAS Links:	Listening _____ Speaking _____
	Reading _____ Writing _____
<i>*Required for emergent bilingual student identification</i>	
State- Approved Language Assessment Test (Spanish), if applicable	
PreK - Kindergarten: preLAS Español: Oral Language proficiency level _____	
Grades 1 and above: LAS Links Español: Listening _____ Speaking _____	

Participating in the TBE program will benefit your child’s academic and language development by providing instruction in literacy and academic content through the students’ primary/home language along with instruction in English that targets second language development through academic content. The TBE program curriculum is based on the Texas Essential Knowledge and Skills (TEKS) and the English Language Proficiency Standards (ELPS). For more information on the TBE program benefits, see the parent brochures on the English Learner 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.

Please check the appropriate box, sign, and return to your child’s teacher.

- I do want my child to participate in the transitional bilingual education program.
- I do not want my child to participate in the transitional bilingual education program. I would like to discuss other options that will support my child’s language/academic development.

Signature of Parent/Guardian: _____ Date: _____

If you have any questions regarding this placement recommendation, please contact:

School Representative: _____ **Telephone:** _____

**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.*



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

ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAM Parental Notification of Identification and Approval of Placement

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

Date Sent: _____

Dear Parent/Guardian,

Based on your responses to the Home Language Survey, your child has been assessed and identified as an emergent bilingual (EB) student and will benefit from receiving linguistic support. The Language Proficiency Assessment Committee (LPAC) recommends that your child be placed in the English as a Second Language (ESL) program required in the district (19 TAC Subchapter, BB §89.1205) to receive linguistic support. The goal of an ESL program is to develop English proficiency in all content areas.

Your child's language assessment scores are as follows.

Language Assessment Results	
State-Approved English Language Proficiency Test for Identification*	
Date of assessment: _____	
PreK - Kindergarten: preLAS English: Oral Language proficiency level _____	
Grade 1: LAS Links:	Listening _____ Speaking _____
Grades 2 - 12: LAS Links:	Listening _____ Speaking _____
	Reading _____ Writing _____
<i>*Required for emergent bilingual student identification</i>	
State- Approved Language Assessment Test (Spanish), if applicable	
PreK - Kindergarten: preLAS Español: Oral Language proficiency level _____	
Grades 1 and above: LAS Links Español:	Listening _____ Speaking _____



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.

Please check the appropriate box, sign, and return to your child’s teacher.

- I do want my child to participate in the ESL program.
- I do not want my child to participate in the ESL program.

Signature of Parent/Guardian: _____ Date: _____

If you have any questions regarding this placement recommendation, please contact:

School Representative: _____ Telephone: _____

**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.***



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

BILINGUAL EDUCATION 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 education program required by state law.

Participating in the bilingual education 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 education program. Please initial each of the following statements, mark your decision, and sign below.

_____ The benefits of participation in the bilingual education 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 education 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 education program.

_____ It has been explained to me that the LPAC will not be able to recommend linguistic accommodations (designated supports) for my child on state assessments, such as the State of Texas Assessments of Academic Readiness (STAAR), if he/she has a parental denial of all program services.

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

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

District/Charter Position: _____

- I **do** want my child to participate in the bilingual education program now that the benefits have been explained to me.
- I **do not** want my child to participate in the bilingual education 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:** _____



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

ENGLISH as a SECOND LANGUAGE(ESL) 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 child as Emergent Bilingual and has recommended that your child be placed in the English as a Second Language (ESL) program required by state law. Participating in the ESL program will benefit your child's academic and language development. The goal of the ESL program is to attain full proficiency in English in order to participate equitably in school.

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

- _____ The benefits of participation in the ESL program have been explained to me in further details and beyond what is listed on 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 ESL 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 ESL program.
- _____ It has been explained to me that the LPAC will not be able to recommend linguistic accommodations (designated supports) for my child on state assessments, such as the State of Texas Assessments of Academic Readiness (STAAR), if he/she has a parental denial of program services.

Bilingual/ESL Staff Member Signature: _____

Date: _____

District/Charter Position: _____

I **do** want my child to participate in the ESL program now that the benefits have been explained to me.

I **do not** want my child to participate in the ESL program. I have initialed each statement above to indicate my understanding of the parental denial of services.

Signature of Parent/Guardian: _____

Date: _____

Student Name: _____ District/Charter Name: _____

Student ID#: _____ Grade: _____ Campus Name: _____

DUAL LANGUAGE IMMERSION (DLI) PROGRAM PARENTAL NOTIFICATION OF RECLASSIFICATION, APPROVAL OF EXIT, and OPTION TO CONTINUE IN THE PROGRAM

19 TAC Chapter 89, Subchapter BB, §89.1240(b)*

Date sent: _____

Dear Parent/Guardian,

Your child has met the emergent bilingual (EB) student reclassification criteria stated in Texas Administrative Code §89.1226(i). Therefore, your child will no longer be identified as an EB student and will no longer take the Texas English Language Proficiency Assessment System (TELPAS) assessment, annually. Your child will be monitored for two years by the Language Proficiency Assessment Committee (LPAC) based on Texas Administrative Code §89.1220(k), to ensure continued success without second language acquisition support. Based on the DLI program goals of bilingualism, biliteracy, and sociocultural competence, the LPAC recommends continued participation in the DLI program as an English proficient (EP) student to access the full benefits of the program.

Please sign and return this letter to approve your child’s reclassification and continued participation in the DLI program as an English proficient (EP) student.

Thank you,

_____ (LPAC contact)

I approve the reclassification from the bilingual education program as an EB student and the continued participation of my child in the DLI program.

OR

I approve the exit from the bilingual education program and placement of my child in the general English education classroom.

Signature of Parent/Guardian: _____ Date: _____



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

TRANSITIONAL BILINGUAL EDUCATION (TBE) PROGRAM PARENTAL NOTIFICATION OF RECLASSIFICATION and APPROVAL OF PROGRAM EXIT

19 TAC Chapter 89, Subchapter BB, §89.1240(b)*

Date sent: _____

Dear Parent/Guardian,

Your child has met the emergent bilingual (EB) student reclassification criteria stated in Texas Administrative Code §89.1226(i). Therefore, your child will no longer be identified as an EB student and will no longer take the Texas English Language Proficiency Assessment System (TELPAS) annual assessment. Your child will be monitored for two years by the Language Proficiency Assessment Committee (LPAC) based on Texas Administrative Code §89.1220(k) to ensure continued success without second language acquisition support.

Please sign and return this letter to approve your child’s exit from the TBE program and the placement of your child in the general English education classroom.

Thank you,

_____ (LPAC contact)

I approve the exit from the TBE program and placement of my child in the general English education classroom.

Signature of Parent/Guardian: _____ Date: _____



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

ENGLISH as a SECOND LANGUAGE (ESL) PROGRAM PARENTAL NOTIFICATION OF RECLASSIFICATION and Approval OF PROGRAM EXIT
19 TAC Chapter 89, Subchapter BB, §89.1240(b)*

Date sent: _____

Dear Parent/Guardian,

Your child has met the emergent bilingual (EB) student reclassification criteria stated in Texas Administrative Code §89.1226(i). Therefore, your child will no longer be identified as an EB student and will no longer take the yearly Texas English Language Proficiency Assessment System (TELPAS) annual assessment. Your child will be monitored for two years by the Language Proficiency Assessment Committee (LPAC) based on Texas Administrative Code §89.1220(k) to ensure continued success without second language acquisition support.

Please sign and return this letter to approve your child’s exit from the ESL program and the placement of your child in the general English education classroom.

Thank you,

_____ (LPAC contact)

I approve the exit from the ESL program and placement of my child in the general English education classroom.

Signature of Parent/Guardian: _____ Date: _____

Student Name: _____ District/Charter Name: _____

Student ID#: _____ Grade: _____ Campus Name: _____

PARENTAL NOTIFICATION OF RECLASSIFICATION
Students With No Consent to Participate in a Bilingual Education Program
19 TAC Chapter 89, Subchapter BB, §89.1240(b)*

Date sent: _____

Dear Parent/Guardian,

Your child has met the emergent bilingual (EB) student reclassification criteria stated in Texas Administrative Code §89.1226(i). Therefore, your child will no longer be identified as an EB student and will no longer take the yearly Texas English Language Proficiency Assessment System (TELPAS). Your child will be monitored for two years by the Language Proficiency Assessment Committee (LPAC) based on Texas Administrative Code §89.1220(k) to ensure continued success without second language acquisition support.

Please sign and return this letter to approve your child’s exit.

Thank you,

_____ (LPAC contact)

I approve the exit and my child will no longer be identified as an EB student.

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



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

PARENTAL APPROVAL FOR CONTINUATION OF LANGUAGE PROGRAM SERVICES

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

Date sent: _____

Dear Parents/Guardian,

Your child is currently served in a bilingual education program. Bilingual program services in _____ (*school district*) are currently provided through the end of the elementary grades (5th grade, or 6th if housed with elementary). Beginning in the _____ school year, continued language program services will be provided within an ESL program model until your child meets reclassification criteria.

Your child is still identified as an emergent bilingual student and will continue to be assessed annually with the Texas English Language Proficiency Assessment System (TELPAS). As a student participating in an ESL program, all instruction will be delivered in English, but your student will still have access to home language resources and support.

Please sign and return this letter to approve your child’s placement in the ESL program from this date forward.

Thank you,

_____ (LPAC contact)

I approve of the continuation of language services for my child, _____, in the ESL program.

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