

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 _____	
Grade 1: 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.*