

Student Name: _____ District/Charter Name: _____

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

**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). 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:** _____