

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: _____