



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 detail 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: \_\_\_\_\_

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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: \_\_\_\_\_