

PARENT/GUARDIAN NOTIFICATION OF ESL/ELD Services

Date: _____

Dear Parent/Guardian,

This is to notify you that your child will receive ESL Instructional Support and English Language Development (ELD) Services as part of your child's educational program. Your child was assessed in English language skills in listening, speaking, reading, and writing and it is determined that your child is at the following English Proficiency level:

English Proficiency Level Entering 🗌 Beginning 🗌 Developing 🗌 Expanding 🗌 Bridging 🗌 Reaching 🗌

The ESL Instructional Support Services will take place in the following location and schedule:					
In classroom		hours per week			
Dutside of classroom \Box		hours per week			
Small Group \Box One on One \Box					
Consultation with classroom teacher \Box		hours per week			
Progress monitoring		twice per year			
Comments:					
Student Name	Date of Birth	School Grade			

Student Ivanie	Date of Bli	ui School	Ulaue
Your child was tested in:	English	Other Language	
ESL Teacher Name:			
Contact Information:			
Copies to: Classroom Teacher School Principal ELL Office			