



ESOL Permission / Waiver
New Enrollment

Student Name _____
ID _____
School / Grade _____

Dear Parent / Guardian:

Your student’s enrollment form indicated that another language is spoken in your home. For this reason your student was tested to determine their proficiency in English. Upon completing the *Idea English Proficiency Test (IPT)* for Early Childhood students or the *Kansas English Language Proficiency Assessment/Placement (KELPA/P)* for K-5th grade students, it was determined that your student is not proficient in either oral and/or written English and qualifies for ESOL (English Speakers of Other Languages) services in USD 261.

The ESOL program is designed to help your student become proficient in English throughout their school subjects. A learning plan will be written to accommodate your student’s needs, and services are available in one or more of the following ways:

- _____ * ESOL Newcomer Class: providing English/Language assistance for non-English speakers
- _____ * ESOL Pull-Out: providing small group English/Language assistance away from the classroom
- _____ * ESOL Inclusion: providing ESOL personnel in the classroom for English/Language assistance
- _____ * ESOL Computer Assistance: providing technology to increase English/Language proficiency
- _____ * ESOL Modified Instruction: providing ESOL endorsed teachers making content understandable

When your student becomes proficient in English, as determined by their annual Kansas English Language Proficiency Assessment, they will be exited from the ESOL program. Following their exit from the program, a two year period of monitoring will occur in order to check their maintained proficiency.

It is your right as a parent/guardian to **permit** or to **waive** ESOL services for your student.

- I have been informed of the procedures used to identify my child for ESOL services.
- I understand that my child qualifies to receive ESOL services.
- I understand that my child’s English proficiency will be tested annually as federal law requires.

With this understanding:

_____ I give permission for my child to receive ESOL services.

_____ I waive ESOL services for my child, understanding that ***the annual KELPA will be administered.***

Parent/Guardian date

ESOL Teacher date

Building Principal date