



## Parent Reauthorization of Direct ESOL Services

In signing this document, I understand that my child, \_\_\_\_\_, grade \_\_\_\_\_ has qualified for language support through the school district's English to Speakers of Other Languages (ESOL) program. This determination was based on an assessment of his/her English language skills in the areas of reading, writing, listening and speaking on the Kindergarten W-APT, Kindergarten WIDA Screener, WIDA Screener, or ACCESS for ELLs test. My child's score indicates that he/she would benefit from additional language support in order to better access the curriculum and perform his/her school work.

I understand that by signing this form I am choosing to reauthorize the direct ESOL support services that the school has recommended for my child.

I understand that the ESOL program is offered at no charge to parents and that it does not isolate a child from the regular classroom environment. ESOL teachers and classroom teachers work collaboratively to augment the grade level curriculum and provide extra support so that students develop strong English skills and achieve greater success in learning grade level content.

I also understand that Federal law requires my child to be assessed annually in order to determine whether he/she continues to qualify for ESOL. This assessment is required for all eligible students to ensure students are making progress in English. I understand that I will receive annual notice of my child's ACCESS for ELLs test scores and eligibility status for ESOL until my child reaches English proficiency, as determined by this assessment.

I understand that at any time I may choose to waive direct ESOL services for my child.

---

Parent/Guardian Signature

Date

---

ESOL Teacher Signature

Date

---

Administrator Signature

Date