



## Parent Waiver 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 W-APT *or* ACCESS for ELLs<sup>®</sup> 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 deny the direct ESOL support services that the school has recommended for my child and that without ESOL instruction my child's performance in school may be affected.

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 annually assessed in order to determine whether he/she continues to qualify for ESOL. This assessment is required for all eligible students, even if parents have waived services, to ensure students are making progress in English. I understand that I will receive annual notice of my child's ACCESS for ELLs<sup>®</sup> 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 rescind this waiver and request that my child be provided with the language support for which he/she qualifies. I further understand that this waiver is valid for one school year, and should I decide to continue to waive these services in subsequent school years I must complete a new Parent Waiver of Direct ESOL Services form.

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Parent/Guardian Signature

Date

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ESOL Teacher Signature

Date

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Administrator Signature

Date