

Escambia County Schools ESOL Program
Parent Notification of ESOL Services
EVERY STUDENT SUCCEEDS ACT (ESSA) REQUIREMENTS
_____ Placement _____ Continuation

To: The Parents of _____ School: _____

From: _____, ESOL Teacher

Date: _____ Date Notice Sent Home: _____

Based on the responses to the Home Language Survey, your child has been assessed for English for Speakers of Other Languages (ESOL) services. **Your child qualifies for the ESOL program using the following criteria:**

_____ Placement, IPT (Idea Proficiency Test) **Oral Language** score Grs. K-12

_____ Placement, IPT **Reading** score Grs. 3-12

_____ Placement, IPT **Writing** score Grs. 3-12

Federal and state law require that students in an ESOL program are assessed annually to show linguistic growth, as well as academic achievement. These assessment results impact program placement decisions. Therefore, your child will continue to receive ESOL services based on the following assessment data:

_____ Continuation, ACCESS for ELL proficiency level

_____ Continuation, FSA English Language Arts (ELA) assessment results

In accordance with Florida state statutes, we offer certain accommodations to ELL (English Language Learner) students on state mandated assessments. If you do not wish your child to have these accommodations, please notify the school. Otherwise, the following accommodations will be provided as deemed appropriate:

Assistance in the heritage language

Students may be provided assistance in the heritage language in explanations of instructions and on other specified portions of the test.

Dictionary

ELL students may have access to a word to word dictionary (English word to heritage language word or heritage language word to English word).

Flexible setting

Students are tested in a separate room.

Flexible scheduling

Students may take a part or session of the test during several brief periods within one school day; however, the test must be completed within one school day.

Flexible timing

Students may be provided additional time; however, the test must be completed within the school day.

Your student has been placed in an ESOL (English for Speakers of Other Languages) program. In that program, the student will receive instruction in reading and language arts. Students meeting proficiency levels will be eligible to exit the ESOL program. English proficiency shall be determined by assessing the student utilizing the statewide English Language Proficiency Assessment and Florida Standards Assessment in English Language Arts (FSA in ELA) or Florida Standards Alternate Assessment (FSAA) or by ELL Committee determination. By **earning a passing score on the grade level FSA in ELA or the FSAA and/or a 4.0 composite score or greater AND at least 4.0 in the reading domain of the ACCESS** for ELLs 2.0 assessments, the student will be able to exit the program.

ELL students are guaranteed the same classes and access to the same teachers as regular education students. In regular education classes, ELL students receive assistance from ESOL-trained subject area teachers. Comprehensive instruction is delivered to ELL students in a manner that is comparable to that of regular education students. ELL students enrolled in the ESOL program receive basic ESOL instruction based on individual needs and age-appropriate academic achievement standards for grade promotion. Each student has an individualized ELL plan on file which lists his/her specific instructional goals.

If it is determined that the student has a disability, the ESOL teacher will work with the appropriate personnel to establish the best course of instruction for that particular student.

You will receive the report of your child's scores on the FSA-ELA. A level 3 score on the FSA-ELA will indicate satisfactory achievement.

You will also receive your child's ACCESS scores at the end of the year if available. Otherwise, the ACCESS scores will be given to you at the beginning of the next academic term in August.

Once exited from the ESOL program, your child will be monitored for two years to ensure academic success during this transition period. The school's ELL Committee is available to meet with you anytime throughout your child's educational experience to review academic needs and placement recommendations

ESOL programs adjust instruction to the child's strengths and needs by providing effective teaching strategies, as well as supplemental instructional materials or bilingual support. As a parent, you are encouraged to participate in developing your child's Student ELL Plan, as well as choose the appropriate instructional model for your child which includes:

- _____ Mainstream/Inclusion English Language Arts (instruction with both ELLs and non-ELLs)
- _____ Mainstream/Inclusion Basic Subject Areas (math, science, social studies, computer)
- _____ Sheltered English Language Arts (students receive instruction with ELLs only)
- _____ Sheltered Basic Subject Areas (math, science, social studies, computer liter

Parent Notification of ESOL Services

Return this paper to your student's ESOL teacher with the information listed below:

Student's Name _____
School _____

Please check one or both of the following:

_____ I acknowledge that I have received the Parent Notification of ESOL Services letter.

_____ I have questions about my student's participation in the ESOL Program, and I would like to meet with school personnel regarding my student's academic progress.

Please indicate a telephone number below where you may be reached.

Home _____

Work _____

Cell Phone _____

Parent's signature _____ **Date** _____

REFUSAL of TITLE III SERVICES

ESSA Title III guidelines allow districts to use federal funding to support their ESOL programs and provide supplemental services to ELLs. Parents may elect to refuse these supplemental Title III services. However, your child will still receive language and academic support and be annually assessed for English proficiency. If you need additional information regarding the ESOL or Title III program, please contact

_____ at _____.

If you do not want your child to receive supplemental services through Title III, please indicate by signing and returning the form below.

Student Name: _____

Parent Name: _____

I do not want my child to receive ESSA Title III supplemental services.

Parent/Guardian Signature: _____

Date: _____