

PRAIRIE-HILLS SCHOOL DISTRICT 144

English

Date: _____

Dear: _____

Your child, _____, is enrolled in grade _____ in the program checked below based on his/her English language proficiency (ACCESS/W-APT) test scores.

_____ Transitional Bilingual Education _____ Transitional Program of Instruction
 _____ Dual Language/Two-Way Immersion _____ Developmental Bilingual Education

This program will help your child learn English and the subjects required for grade promotion. We believe that this program is the best option to meet your child’s instructional needs and promote academic success in school. Information about this program, as well as other programs available for ELL students, is attached.

Your child’s English language proficiency test scores are indicated below:

ACCESS for ELLs™

Area Tested	Student Score	Proficiency Level 1-6
Listening		
Speaking		
Reading		
Writing		
Composite		

Proficiency Level	Description of English Proficiency Levels
1- Listening	Knows and uses minimal social language and minimal academic language with visual support.
2 – Beginning	Knows and uses some social English and general academic language with visual support.
3 – Developing	Knows and uses social English and specific academic language with visual support.
4 – Expanding	Knows and uses social English and some technical academic language.
5 – Bridging	Knows and uses social and academic language working with grade level material.
6 – Reaching	Knows and uses social and academic language at the highest level measured by this test.

We need your written consent to enroll your child in this program beyond three years. To indicate your approval, please sign the attached form and return it to the school. If you do not sign this form, we cannot enroll your child in the program.

As a parent, you have the right to:

- Visit the classes in which your child is enrolled and to meet with staff to learn more about the program.
- Decline enrollment in a program, withdraw your child immediately from the program, or choose another program if available. You may take this action by sending a letter to your child’s school. Declining the recommended program will mean that your child may be placed in a program where English is the dominant language of instruction.

 School Administrator

Parent/Guardian Consent for Continued Placement

for School Year _____

_____ Transitional Bilingual Education

_____ Transitional Program of Instruction

_____ Dual Language/Two-Way Immersion

_____ Developmental Bilingual Education

Check one:

_____ Yes, I give the school permission to place my child, _____ in
the program checked above beyond the three year period.

_____ I request a meeting to discuss the recommendation before I make a decision.

Parent Signature

Date