

**Notification of Bilingual/ESL Program Placement**

\_\_\_\_ Notification of Initial Placement

\_\_\_\_ Notification of Continuing Placement

Dear Parent(s) or Guardian(s):

Clifton Public Schools provide a program of language instruction for those pupils who exhibit a need for additional reinforcement in reading, writing, speaking, and listening skills in English. A part-time/full-time Bilingual Program in Spanish & Arabic (Grades K-5), ESL only with Sheltered Instruction (Grades K-5), or High-Intensity ESL with Sheltered Instruction (Grades 6-12) is offered to students to help them learn English and meet age-appropriate academic standards. Your child’s level of academic achievement was measured during a records review process upon entrance. Based on your child’s English proficiency test score, level of academic achievement, and teacher recommendation, we would like to inform you that your child is eligible to take advantage of the opportunities this program can provide.

Since parents have the right to decline enrollment in the ESL/Bilingual program, please complete the bottom portion of this notice stating your approval or disapproval of your child’s participation. *Please note that in accordance with Title III of the ESSA, all students who are identified as in need of ESL services will be assessed yearly with the ACCESS for ELLs test regardless of participation in English language development programs.*

Students normally participate for a period of two to five years. Multiple criteria are used in making determinations regarding when a student no longer needs these program services. These criteria include: Your child’s level of English which was measured using the following test: \_\_\_\_\_. Based on the speaking, listening, reading, and writing portions, your child received an English proficiency level of \_\_\_\_ out of 6.0.

This program is not offered in every neighborhood school. Therefore, if it is not offered at your neighborhood school, we will arrange bus transportation for your child from your neighborhood school to a Magnet school where the services are offered. Your child would be picked up in front of their neighborhood school in the morning and returned to their neighborhood school at the end of the day. You will be notified of the pick-up and drop-off times. Please remember that if your child attends the Magnet school, the Magnet school becomes your child’s school for the remainder of the year.

If your child has a learning disability, participation in the ESL/bilingual program will improve his/her ability to speak, understand, read, and write in English while meeting the objectives of his/her IEP.

If you have any questions regarding this program or the selection of your child to participate in the ESL/Bilingual program, please inform your school so that an ESL or Bilingual teacher can contact you.

NEIGHBORHOOD SCHOOL: \_\_\_\_\_ MAGNET SCHOOL: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_

\_\_\_\_\_ **I wish** to enroll/continue my child in the ESL/Bilingual program.

\_\_\_\_\_ **I do not wish** to enroll/continue my child in the ESL/Bilingual program. My child will remain/return to the neighborhood school.

I have read and received a copy of this letter written in \_\_\_\_\_ and understand its content. \_\_\_\_\_  
(native language)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_