



## Parent Notification and Permission for Services (ESOL)

Date: \_\_\_\_\_

To the Parent(s)/Guardian(s) of \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Connecticut and Federal Statutes governing the education of English Learners (ELs) require the assessment and identification of all students who enter the Clinton Public Schools. The State Language Assessment System (LAS Links), Formal Observation, and the English Language Interview are used by Clinton Public Schools staff to identify such students as English Learners.

The Clinton Public Schools offers the English Speakers of Other Languages (ESOL) program services to students who qualify as English Learners. The program that assists students acquiring English language; or if the parent chooses **not** to participate in the program, the student would be included in general education classes **without** ESOL program services.

Your child has been identified as an English Learner and will receive or continue to receive services through the English for Speakers of Other Languages (ESOL) Program.

**Assessment:**

The last overall linguistic assessment of your child is level \_\_\_\_\_ as measured by the State LAS Links on \_\_\_\_\_ (date).

In order for your child to exit either the Bilingual Education and/or ESOL Program and no longer receive English language acquisition support, your child must reach the following mastery level:

Linguistic Standard: LAS Links – Level 4 or 5 overall, **and** Reading Level 4 or 5 **and** Writing Level 4 or 5

As a parent, you have the right to refuse or remove your child from placement in the ESOL Program. If you have any questions about the placement of your child for this school year, please contact \_\_\_\_\_, ESOL Program teacher, at \_\_\_\_\_.

Please complete, sign/date and return the form below to your child’s school. Thank you.

Sincerely,

Kelly Enoch  
Director of Special Services

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Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_ I give permission for my child to receive ESOL services

\_\_\_\_ I do not give permission for my child to receive ESOL services

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date