ENGLISH LANGUAGE DEVELOPMENT PROGRAM Parental Waiver Form

Student Name:_____

School:_____ Opt-out Date:_____

Grade:_____ Student ID#: _____

As required by federal law, your child has taken an English language proficiency test to determine if she or he qualifies for English Language Development (ELD) instruction in order to comprehend daily lessons and participate socially in school. Your child has been tested in English reading, writing, speaking and listening. The test scores indicate that she or he is eligible to receive ELD instruction in a program designed to help students acquire English language proficiency and access grade level content instruction.

The school has described the ELD program they recommend for my child in detail. I have considered the program(s) offered by the school and have chosen to decline separate, specialized ELD instruction for my child. Specialized services or classes are those only provided for English Learners, for example ELD pull out classes, ESL tutoring, after- school English tutoring for ELs or content classes consisting of only ELs. This does not include a class composed of ELs and non-ELs in which ELD is supported through content instruction.

Parental Right to Refuse ELD Services: (By ✓ checking each item below, I acknowledge that I have read and understand each statement.)

_____ I am aware of my child's English language assessment score and other information about my child's current academic progress, and understand why s/he was recommended for additional English language instruction.

_____ My decision to decline or opt-out of specialized ELD instruction is voluntary.

_____ The school district will report my child to Pennsylvania Department of Education as an English Learner (EL) until my child attains English proficiency.

_____ Federal and state law requires that my child will be tested annually with the WIDA ACCESS for ELs 2.0 until he or she attains English proficiency and is no longer considered EL status.

_____ The school district will monitor my child's academic progress without benefit of receiving specialized ELD instruction until my child attains English proficiency, and four years after exit from EL status.

_____ The school district will continue to inform me of my child's progress in attaining English proficiency.

_____ I can change my preference at any time by notifying the school district in writing, and allow my child the to enroll in the ELD program (s) offered by the school.

I, _____(parent/guardian name), with a full understanding of the above information, wish to_____ decline all of the specialized ELD programs and services offered to my child. _____ decline some of the ELD programs and/or particular ELD services offered to my child.

I wish to decline (List program/services):

Parent/Guardian Signature: _____ Date: _____