

St. Lucie Public Schools
English for Speakers of Other Languages Program
Parental Waiver of ESOL Services

I am aware that my child, _____, has been evaluated to determine his/her English language proficiency and that the results of the evaluation indicate that my child is eligible to be placed in the English for Speakers of Other Languages (ESOL) program. The objectives and the specifics of the ESOL program have been explained to me, and I am aware that this program is available and will be provided for my child through the services of the school district.

It is my decision, however, to **waive** this service and/or remove my child from the ESOL program. In lieu of ESOL instruction, my child will develop the necessary proficiency in English by the following means:

- Regular classroom participation
- Private tutoring
- Independent study
- Other _____

I also understand that for as long as my child is eligible for ESOL services, even though we decline the services, my child will take the annual state-mandated CELLA test for English Language Learners.

Signature of Parent/Guardian

Date

Student's Name: _____ Grade: _____

School: _____

IPT 1 Oral (K-6) _____ Language Designation _____

IPT 2 Oral (7-12) _____ Language Designation _____

IPT Reading/Writing (3-12) _____