

Notification of Exit from ESOL Program

Student Name _____ Student ID _____ Grade _____

School Name _____ Date _____

To the Parents/Guardians of _____

This letter is to inform you that your child has met criteria to exit from the ESOL Program. Test scores were used to determine his/her English proficiency. Your child will be monitored for two years from the exit date. An English Language Learner Plan to monitor your child's progress has been developed. If within two years of the exit date, there are any concerns in regards to his/her academic progress due to language proficiency, the student could be reclassified into the ESOL Program. If you have any concerns regarding your child's academic progress due language proficiency, please contact the School Counselor to address your concerns.

Print Name of ESOL Contact

Signature of ESOL Contact

Date

<i>Test Name</i>	<i>CELLA Listening</i>	<i>CELLA Speaking</i>	<i>CELLA Reading</i>	<i>CELLA Writing</i>	<i>FCAT</i>	<i>OTHER</i>
<i>Test Date</i>						
<i>Score</i>						
<i>Language Proficiency Level</i>					<i>(Not applicable)</i>	<i>(Not applicable)</i>



After reading the section above, please complete and return this section to school.

Student Name _____ School Name _____ Date: _____

_____ I understand my child has met criteria to be exited from ESOL program.

Print Name of Parent/Guardian

Signature of Parent/Guardian

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Phone number