# Notification to Decline English Language Program Template

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| **Date:** | **Student Name:** |
| **District:** | **School and Grade Level:** |
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Dear Parent or Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(insert name of student)****,*

***Name of school*** understands that you would like to decline the language instruction educational program proposed for your child. English language programs are specifically designed to help your child increase their English language proficiency, as well as participate in grade-level classes. However, as we discussed in our conversation with you, you have the right to decline the program for your child.

If you wish to decline the English language program, please review each item below, check the box in front of the item, and add your initials to the line at the end of the statement. Doing so will indicate you fully understand and agree with each statement. After you have checked and initialed each of the statements, please sign, date, and return the form to your child’s school. We will keep this document on file stating that you have declined or do not want your child to participate in the English language program at this time.

* I am aware of my child’s English language assessment score and other information about my child’s current academic progress. I understand the recommendation for additional English language instruction. \_\_\_\_\_\_\_
* I am familiar with the English language program the school has available for my child \_\_\_\_\_\_\_
* I have had the opportunity to discuss the available language instruction educational program with the school staff. \_\_\_\_\_\_\_
* I understand the school believes its recommendation is the most academically beneficial for my child. \_\_\_\_\_\_\_
* In compliance with federal requirements, I understand my child will still be designated an “English learner,” eligible for allowable English learner accommodations on state tests, and have their English proficiency assessed once per year until they no longer qualify under the state’s definition of an English learner. \_\_\_\_\_\_\_
* I understand that I have the right to withdraw this written refusal of services at any time and request that my child immediately receive the language instruction educational program. \_\_\_\_\_\_\_
* This information has been presented to me in language I fully understand. \_\_\_\_\_\_\_

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Printed name of Parent/Guardian

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Signature of Parent/Guardian Date (Month/Day/Year)