

**PROGRAMS FOR ENGLISH LANGUAGE LEARNERS EXHIBIT
PLACEMENT IN A LANGUAGE INSTRUCTION EDUCATIONAL
PROGRAM – PARENT RESPONSE FORM.**

NOTE: This form must be returned within 10 school days.

I, as parent/guardian of (insert child's name), acknowledge receipt of the district's notification regarding my child's eligibility for an English Language Learner program. I elect the following option:

(check one box)

- I accept the district's recommended placement.
- I decline the district's recommended placement and request a meeting with the building principal and ELL program supervisor.
- I request my child's placement in a different district ELL program, (insert the name of the preferred program).

Print Name (Parent)

Parent Signature

Date

Mail to: (district provide mailing address)

Or email to: (provide district email address)

Adoption date: August 8, 2006

Revised date: March 10, 2015