



Sallisaw Public Schools

701 South J.T. Stites Blvd.

Sallisaw, Oklahoma 74955

(918) 775-5544

FAX (918) 775-1275

www.sallisawps.org

ENGLISH LANGUAGE LEARNER PARENTS RIGHT-TO-KNOW LETTER

**This letter should be sent to parents/guardians not later than 30 days after the beginning of the school year, or during the first 2 weeks of the child's placement in a language instruction educational program*

Date:

Dear Mrs./Mr. _____:

In accordance with the Parents Right-to-Know requirement under *Every Student Succeeds Act – ESSA, Section 1112 (e)(3)(A)* this is a notification from Sallisaw Public Schools to parents/guardians of _____ identified for participation or participating in our district's _____ English Learner (EL) program, that you have the right to request and receive in a timely manner to:

- have the child immediately removed from this EL program; [ESSA, Section 1112(e)(3)(A)(viii)(i)]
- decline the child's enrollment in this EL program, or choose another program or method of instruction, if available; [ESSA, Section 1112(e)(3)(A)(viii)(ii)]
- receive assistance in selecting among various programs and methods of instruction, if more than 1 program or method is offered by the district. [ESSA, Section 1112(e)(3)(A)(viii)(iii)]

Based on your child's English proficiency test scores, level of academic achievement, and teacher recommendation, we are pleased to inform you that your child will receive instruction in the district's _____ program. In addition, the attached English Learner Academic Plan (ELAP) contains information regarding:

- methods of instruction
- English Language Development goals of the child
- educational strengths and needs of the child
- English Language instruction to meet age-appropriate academic achievement standards
- accommodations for children with an individualized education program (IEP)
- exit requirements for the program

The goal of this program is to help your child learn English and meet age-appropriate academic standards. If you wish to decline your child's participation in this program, please complete the attached form and return it to the school.

Sincerely,

School Principal



Sallisaw Public Schools

701 South J.T. Stites Blvd.

Sallisaw, Oklahoma 74955

(918) 775-5544

FAX (918) 775-1275

www.sallisawps.org

PARENTS RIGHT TO DECLINE LANGUAGE INSTRUCTION EDUCATIONAL PROGRAM

Date:

I, _____, the parent/guardian of _____
decline my child's participation in the Language Instruction Educational Program offered by
Sallisaw Public Schools for the school year 2018-2019.

Although I chose to decline these services, I understand that my child will continue being identified as an
English Learner, and will continue to be administered the English Language Proficiency Assessment.

Parent/Guardian Signature