



## Cobb County School District Parent Notification of ESOL Program Placement 2016-2017

Initial Placement or  Continuing Placement Date: \_\_\_\_\_

School	Student First Name	Student Last Name

**Dear Parents:**

As required by law, based on information provided in school registration documents, your child has been assessed for eligibility for the school's English to Speakers of Other Languages (ESOL) program. The language test administered was:

W-APT or ACCESS for ELLs®			
Kindergarten (Refer to <a href="#">GaDOE Title III K Eligibility Flow Chart</a> ) Grades 1-12 (If CPL is below 5.0, student is <a href="#">ELIGIBLE for ESOL services</a> )			
If student was evaluated by another WIDA consortium district, indicate state and district: _____			
Date Administered	Circle Grade Cluster	Proficiency Levels	Composite Proficiency Level Score
/ /	K 1-2 3-5 6-8 9-12	L ____ S ____ R ____ W ____	CPL: _____  Tier (if ACCESS, circle) A B C K
* / /	*W-APT Kindergarten <b>Reading</b> and <b>Writing</b> administration - if different.		

Your child's overall score in addition to other academic information (when available), indicates that he/she qualifies for ESOL support. Federal law requires that the language skills of all ESOL-qualified students be annually assessed until they reach the state-established level of proficiency. The exit criteria for the ESOL program are a score of 4.8 in Literacy skills and 5.0 Composite (overall) score on Tier B or C on the ACCESS for ELLs® test.

The method of instruction in the program selected below is designed to support your child's listening, speaking, reading and writing skills in English as well as their academic needs. This will help him/her become proficient in English as quickly as possible, allowing him/her to meet age-appropriate academic achievement standards. The high school graduation rate for students having participated in the high school ESOL program is 46.2%. Please note that if your child has a disability, his/her language services are developed collaboratively with special education staff and in accordance with and in support of the Individualized Education Program (IEP).

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| <p>(1) _____ <b>Pull-out ESOL:</b> The student leaves the English-only classroom for a specified time during the day for ESOL instruction.</p> <p>(2) _____ <b>Push-in ESOL:</b> The student remains in the English-only classroom and the ESOL teacher provides support during a specified time.</p> <p>(3) _____ <b>ESOL Cluster Center:</b> Student is in a half- or full-day intensive English language program, often at a central location.</p> <p>(4) _____ <b>Resource Center/Laboratory:</b> Student receives English support in a group setting supplemented by multi-media materials.</p> <p>(5) _____ <b>A scheduled class period</b> – students at the middle and high school levels receive language assistance and/or content instruction in a class composed of only ELs.</p> | <p>(6) _____ <b>A sheltered class period</b> – middle and high school only – Sheltered content classes, including literature, social studies, science, and mathematics, are composed solely of</p> <p>(7) _____ <b>An Innovative Delivery Model:</b> formally approved by the Georgia Department of Education (description is attached).</p> <p>(8) _____ <b>A dual language immersion</b> model – students participating in a dual language immersion program receive their supplemental English language support from the teacher providing instruction during the English portion of the academic day.</p> |
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You have the right to waive direct ESOL services for your child. If you are interested in exercising this right and would like to discuss your child's options in the ESOL program or learn more about program eligibility, please contact \_\_\_\_\_ **ESOL Lead Teacher** at your child's school.

Thank you.  
Name: \_\_\_\_\_ Title: \_\_\_\_\_