

CALHOUN COUNTY SCHOOL DISTRICT
English for Speaker of Other Languages (ESOL)
Parent Notification of Limited English Proficient (LEP) Eligibility and/or Review

Today's Date: _____
Student's Name: _____ ID#: _____
School: _____ Grade: ____ Initial Enrollment Date: _____

Dear Parent/Guardian:

Your child's ELL Plan will be reviewed: _____.
(date)

The responses on the Home Language Survey indicate your child should be assessed to determine his/her English proficiency.

Your child was assessed on _____.
(date)

The results of this assessment indicate your child:

___ **will** be recommended for special assistance in the area of English Proficiency.

___ **will not** be recommended for special assistance in the area of English Proficiency.

The English for Speakers of Other Languages (ESOL) Committee will meet to discuss final recommendations for meeting your child's language learning needs.

The meeting will be at _____ on _____ at _____ am/pm.
(school) (date) (time)

You are invited to attend this meeting. If you have any questions, please call me at _____.
Sincerely,

Guidance Counselor/ESOL Designee

Please check the appropriate response and return this form.

___ Yes, I will attend the scheduled meeting.

___ No, I will not attend the scheduled meeting.

Parent/Guardian Signature: _____ Date: _____