**Placement of Student with Waiver**

**in English Language Instructional Program**

**School Year [20XX-20XX]**

[Use LEA or School Letterhead]

[DATE]

Dear Parent/Guardian of [STUDENT NAME],

We have been notified that you would like to have your student placed in the **English Language Development** (ELD) instructional program. This program is designed to support your student’s learning of English and grade-level subjects.

We are committed to providing the support needed to ensure the success of your student and have identified the following ELD and Grade-level instruction recommendations:

**English Language Development (ELD) instruction:**

**ELD Push-in** - Instruction is provided within the student’s primary or content-area classroom.

**ELD Pull-out** - Your student spends a part of the day in their primary classroom and is “pulled out” for a portion of the day to receive services to learn English.

**ELD Class Period** - English instruction is provided during a class period.

**Newcomer ELD** - A specially designed class to support students who are:

* Newly enrolled in a United States school
* Have beginning levels of English language proficiency
* Need to learn English quickly to be successful in school

**Grade and Subject Level Instruction:**

**Dual-language** - Instruction is given in English and another language for at least 50% or more of the instructional time.

**Integrated ELD** - Language and content are taught together, using both English Language Proficiency (ELP) and content standards to guide planning, instruction, reflection, and assessment.

**Transitional Bilingual** - Most of the initial instruction is in the child’s home language and over [# OF YEARS] the instruction transitions to English.

**Other Bilingual** - Classes are being offered with support to preserve the Heritage Language

**Sheltered Instruction** - The teacher uses special instructional strategies to meet your child’s language needs in the following classes: [INSERT CLASSES]

**Newcomer / Core Content** - This is a specially designed program to support students who recently enrolled in a United States school and need support to read, write, speak, and understand language. Instruction and supports are provided for one or more grade-level subjects.

If you have any questions, please contact the [DISTRICT/SCHOOL] [TITLE], [CONTACT NAME], at [PHONE NUMBER] or [EMAIL].

**Please complete the information below and return this form to your student’s school to confirm your student’s participation in the English Language Development (ELD) program outlined above.**

I approve reinstating [STUDENT NAME] as an active English Learner and having my student participate in the [DISTRICT/SCHOOL] instructional program that is outlined above.

**Yes** – I would like my student to be reinstated as an active English Learner.

If you select Yes, your student will be enrolled in the ELD instructional program within a few days of the receipt of this form. This timeline allows the school time to adjust your student’s class schedule, if necessary.

**No** – I do not want my student to be reinstated as an active English Learner. I understand the EL Instructional program is designed to help my student learn English and meet age-appropriate academic achievement standards, succeed in school, and meet requirements for graduation.

If you select No, the district will continue to monitor your student’s progress in grade-level subjects and the English language.

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_