



Ayer Shirley Regional School District

141 Washington Street
Ayer, MA 01432
Phone: (978) 772 - 8600

Carl E. Mock, Superintendent

Mary Beth Hamel, Assistant Superintendent

PARENT NOTIFICATION OF IDENTIFICATION FOR ENGLISH LANGUAGE SERVICES

Dear Parent/Guardian,

Date _____

To ensure academic success, the Massachusetts Department of Education requires that all students whose first language is other than English or who speak another language at home, participate in assessments to determine their speaking, listening, reading and writing proficiency in English.

To meet these requirements, your child was assessed. The results of the assessments are below:

Speaking proficiency:	
Listening proficiency:	
Reading proficiency:	
Writing proficiency:	
Overall Proficiency level:	

As a result of these scores, your child, _____, has been classified as Limited English Proficient/English Language Learner. Therefore, he/she will receive instruction in the structured English Immersion Program as per state law. The academic instructional program to which your son/daughter will be assigned will include instruction in English Language development and specially designed academic instruction in English and in core academic subjects (Sheltered English Immersion /SEI).

Sincerely,

Karen Murphy
ASRSD ESL Coordinator

(Please see side 2)



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ENGLISH LEARNER EDUCATION PROGRAM PARENT CONSENT

Please have your child return this form to the school office, indicating your preference for agreeing to services, or opting out (declining services). You are invited to schedule a conference with the building principal and ESL staff to fully explore these options for your child.

Students Name: _____ School: _____
Grade: _____

Options:

- I agree to have my child participate in the ELE program.
- I do not agree to have my child participate in the ELE (opt out).

Should you choose to decline these services, after reading the descriptions of the programs and discussing them with our ESL and administrative staff, you must personally visit the school to apply for a waiver, per MA General Laws Chapter 71A.

- I understand that I have the right to decline ELL services and intend to schedule a conference to apply for a waiver.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date