



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

EXIT FROM ENGLISH LANGUAGE SERVICES

Dear Parent,

Date: _____

As we discussed, your child, _____, has demonstrated that he/she no longer requires the support of an English Language program to be successful in all the subjects of the school curriculum. Therefore, we are exiting him/her from our English Language Programs at this time.

We will continue to monitor your child's progress over the next two years to assure that he/she is functioning at his/her potential without additional support.

Please contact us as soon as possible if you disagree with this decision or have any further questions or concerns regarding your child's education.

Sincerely,

ENGLISH LEARNER EDUCATION PROGRAM EXIT

Please have your child return this form to the school office.

Students Name: _____ School: _____ Grade: _____

- I agree to have my child EXIT participation in the ELE program.
- I have questions about my child exiting ELE.

Parent/Guardian Name (Printed) Parent/Guardian Signature Date

Forms:exit_from_ELLservices