**Parent Notification of Exit from ESOL Services**

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| --- | --- |
| Date: Click or tap to enter a date. | Student Name: |
| Grade: | School: |

Dear Parent(s)/Guardian(s),

Your child’s English language proficiency was assessed, and it was determined that s/he no longer qualifies for the services offered through ESOL. This decision was based on the following:

Proficient scores on ACCESS for ELLs 2.0 and passing score on FSA ELA State Assessment

ELL Committee recommendation

Date of Exit: Click or tap to enter a date.

Thank you for your assistance in helping us make this transition a successful one. For detailed information, or if you have any questions or concerns, please contact the school at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator