

Date:

Dear Parent or Legal Guardian:

The school recommends that your child, _____, continue in the program checked below beyond the usual three year period in _____ grade.

Transitional Bilingual Education Transitional Program of Instruction
 Dual Language/Two-Way Immersion Developmental Bilingual Education

A description of this program is attached. This program will help your child learn English and the subjects required for grade promotion. We believe that this program is the best option to meet your child's instructional needs and promote academic success in school.

This recommendation is based on your child's English test results and other measures. Your child's English language proficiency test scores indicate that your child is not fluent in English yet.

Your Child's English Test Results

Areas Tested	Name of Test	Student's Score	English Level
Speaking and Listening			
Writing			
Reading			

We need your written approval to enroll your child in this program beyond three years. To indicate your approval, please sign the attached form and return it to the school. If you do not sign this form, we cannot enroll your child in the program.

You may withdraw your child immediately from the program at any time by sending a letter indicating your desire to the school or to the school district. Your child will then be placed in the general instruction program for students who are fluent in English or in another program for students not fluent in English, if available at the school. Attached are descriptions of the programs available at the school.

We invite you to visit the school and meet with the staff to learn more about this program. If you have questions, please call the school at _____.

Sincerely,

School Administrator

**PARENT/LEGAL GUARDIAN CONSENT FOR CONTINUED PLACEMENT
FOR SCHOOL YEAR _____**

Transitional Bilingual Education
 Dual Language/Two-Way Immersion

Transitional Program of Instruction
 Developmental Bilingual Education

CHECK ONE:

Yes, I give the school permission to place my child, _____, in the program checked above beyond the three-year period.

I request a meeting to discuss the recommendation before I make my decision.

Parent Signature

Date

APPROVED: July 23, 2007