NOTIFICATION TO OPT A CHILD OUT OF EL PROGRAMS OR PARTICULAR EL SERVICES

[SCHOOL NAME, ADDRESS, CONTACT INFORMATION]

Date:		
Dear Parent,		
We understand that you would like to decline the (insert child's name). EL services are specifically of grade-level content. However, as our staff has disparticular services.	designed to help your child obtain English	h language proficiency as well as acquire
If you still wish to opt your child out of the EL pro below. Doing so will indicate that you fully under statements, please sign, date, and return the forr declined or do not want these indicated EL servic	stand and agree with each statement. Af m to your child's school. We will keep thi	fter you have initiated next to each of the
I am aware of my child's English languag progress, and understand why he/she w	e assessment score and other information as recommended for additional English I	
I am familiar with the EL programs and se	ervices the school has available for my ch	ild.
I have had the opportunity to discuss the	available EL programs and services with	the school.
I understand that the school believes its r	recommendation is the most academical	ly beneficial for my child.
I understand that my child will still be des once per year until he/she no longer me		is or her English proficiency assessed
I understand that the OPT OUT process m	nust be initiated annually and the form m	nust be annually submitted.
All of this information has been presente	d to me in a language I fully understand.	
I, (insert na	ame), with a full understanding of the ab	ove information, wish to
O decline all of the EL programs and EL services of	offered to my child.	
O decline some of the EL programs and/or partic	cular EL services offered to my child.	
I wish to decline (List program and or services)		
Parent Signature	Date	
Student's Name PERM ID #	Principal/Designee Signature	Date