Determination of Student Eligibility for Program Placement

Name of Stu	dent:	Da	te:		
				dd/yyyy)	
School:		Gra	Grade:		
Dear Parent of	or Guardian:				
English is sp	ed a Home Language Survey when your ch oken by your child or in the home. Based of placement in English Learner Services pro-	on this information, the school gave ye	our child a test to deter		
We used	(name	e of test) to test your child's English la	anguage abilities in:		
🗖 spea	aking 🗆 reading 🗖 writing	ng 🗖 listening			
reco mee	and we used other information, such as 1) previous education and social experiences, 2) written recommendations and observations by school staff that teach your child, 3) an Eligibility Placement Committee meeting, 4) mastery of basic skills in English and their home language, 5) grades from current or previous years, or a combination of these.				
Based on you	ar child's results we:				
reco	recommend that your child be placed in English Learner Services provided by Title I, Title III, or both if both are available.				
	not recommend English Learner Services pathese services.	rovided by Title I or Title III for your	child because your chi	ld does not qualify	
graduation re Thank you fo	is placed in English Learner Services, we f equirements. Please sign below where indic or your interest in the quality of your child' ave your child placed in the program.	cated and return this notice to your chi	ild's school.		
Name			Title		
Phone			Email Address		
Eligibility Pl	acement Committee (if applicable):				
Name:	Signature:	Title:	Date:	(mm/dd/yyyy)	
Name:	Signature:	Title:	Date:	(mm/dd/yyyy)	
Name:	Signature:	Title:	Date:	(mm/dd/yyyy)	
Name:	Signature:	Title:	Date:	(mm/dd/yyyy)	
	Parent or Guardian: Please complete the	e section below and return the <u>entire</u>	form to your child's se	chool	
Name of Parent or Guardian:		Signature:			
Phone:		Email:			