**Parent Refusal Letter - EL Services**

Date:

Dear Parent or Guardian,

We understand that you would like to decline the English learner (EL) program or particular EL services proposed for your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(insert child’s name)**. EL services are specifically designed to help your child obtain English language proficiency as well as acquire grade-level content. However, as noted in the Annual Notification Letter, you have the legal right to opt your child out of the program or particular services. If you still wish to opt your child out of the EL program, please initial next to each item on the checklist below. Doing so will indicate that you fully understand and agree with each statement. After you have initialed next to each of the statements, please sign, date, and return the form to your child’s school. We will keep this document on file stating that you have declined or do not want these indicated EL services for your child.

\_\_\_ I am aware of my child’s score on the WIDA English language proficiency assessment and other information about my child’s current academic progress and understand why they were recommended for additional English language instruction.

\_\_\_ I am familiar with the EL programs and services the school has available for my child as well as their academic benefits.

\_\_\_ I understand that my child will still have an English learner designation and have their English proficiency assessed once per year on the WIDA English language proficiency assessment until they score proficient and no longer meet the definition of an English learner.

\_\_\_ I understand that my child will continue to have an Individual Learning Plan (ILP), which includes daily instructional supports as needed and accommodations on state and local assessments.

\_\_\_ All of this information has been presented to me in a language I fully understand.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(insert name)**, with a full understanding of the above information, wish to decline all of the EL programs and EL services offered to my child.

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 Parent’s Signature Child’s Name Date