

Name of District Public Schools
School Year 2000-2000
OPT-OUT FORM

Student Name: _____
Opt-out Date: _____
SASID: _____
School: _____

Home language: _____
Years in U.S. Schools: _____
DOB: _____
Grade: _____

As required by federal law, my child has taken an English language proficiency test (W-APT, WIDA ACCESS, or WIDA MODEL). My child has been tested in reading, writing, speaking and listening and the test scores indicate that s/he is eligible for an English Learner Education (ELE) program to receive ESL instruction in a program designed to help students acquire English language proficiency and access grade level content instruction. I have considered the options offered by the district and have chosen to decline ESL services. I understand that my decision to opt-out of ESL services will not affect the following requirements the district need to follow in order to comply with the state and federal laws:

1. As per this request, my child will not receive ESL instruction delivered by an ESL licensed teacher.
2. My refusal of the ESL instruction provided by an ESL licensed teacher does not release the district from its obligation to ensure that my child has access to the educational program by providing the necessary support in SEI classes taught by an SEI endorsed teacher.
3. The school district will report my child to *Student Management Information System (SIMS)* as an English Language Learner (ELL) until my child attains English proficiency.
4. As long as my child is enrolled in Massachusetts public schools, s/he will be tested annually with ACCESS until s/he attains English proficiency.
5. As long as my child is enrolled in Massachusetts public schools, the school district will monitor my child's academic progress without benefit of participation in the specialized ELL program until my child attains English proficiency, and two years after.
6. The school district will continue to inform me of my child's progress in attaining English proficiency.
7. I can change my preference at any time by notifying the school district in writing.

Parent/Guardian Signature: _____

Date: _____