Des Moines Public Schools

Notification of English Language Development Program Placement

□ Initial Placement □ Continuing Placement

Name of Student:	 Date:
School Location:	

Dear Parents:

Based on your child's English proficiency test scores and level of academic achievement, we are pleased to inform you that your child will receive instruction in our district's English language development program. The goal of our English language development program is to help your child learn English so that she/he will be able to meet age appropriate academic standards for grade promotion and graduation.

Your child's level of English proficiency was measured using the following test(s):

LJ	(Test used to measure level of English proficiency)
п	
	(Test used to measure level of English proficiency)
	(Test used to measure level of English proficiency)
Level of English Proficiency	/:
f applicable, your child's leve	l of academic achievement was measured using the following test(s):
f applicable, your child's leve	
f applicable, your child's leve	l of academic achievement was measured using the following test(s):
f applicable, your child's leve	l of academic achievement was measured using the following test(s): (Test used to measure level of academic achievement)
f applicable, your child's leve	I of academic achievement was measured using the following test(s): (Test used to measure level of academic achievement)

The method of instruction used in your child's English language development program is:

Bilingual: Instruction provided in both English and your child's home language

- _____ Transitional Bilingual: Instruction provided mostly or all in English adapted to student's level
- Content-based English Language Learner (ELL)/English as a Second Language (ESL): Instruction is provided in English only and adapted to student's level
- _____ Pull-out ELL/ESL: Student leaves his/her English-only classroom during the day for ELL/ESL instruction
- Title III Supplemental Services, if available: See document entitled Program Withdrawal/Denial of Enrollment
- ____ Other: ___

Your child's program _____ is _____ is not the district's only English language development program. Additional information about your child's program and other district language programs, if available, is attached.

The primary contact for ESL/Bilingual programs is:

Name: _

Telephone Number: _____

Title:

Email Address:

Please contact this person if you have questions.

OFFICE USE ONLY							
Student ID #	Dist. Student #	Grade Level	Student Name	Faculty Name			
Faculty #	Birthdate	Home Phone	Home Language	First Date Student Attended School in the U.S.			

NCLB-B2b - Notification of English Language Development Program Placement - (Rev. 03/13 - US)