

Parent/Guardian Notification of Intent to Decline English for Speakers of Other Languages (ESOL) Program Services

Student Information

Student Name: _____

Student State Identification Number: _____

SAU/District: _____

School: _____

Grade: _____

Date of Initial Notification: _____

Purpose of this Notice

On (insert date), your child's school notified you that your child was identified as a Multilingual Learner (ML) based on information from the Language Use Survey completed at enrollment and results from an English language proficiency screener.

In accordance with federal civil rights law and Maine Department of Education (DOE) requirements, schools must provide English Language Development (ELD) services to support MLs in developing English proficiency and equitable access to grade-level academic content.

You have indicated your decision to decline your child's ELD services. Parents and guardians have the right to decline these services; however, the school remains responsible for ensuring that the educational needs of MLs are met. This may include ongoing monitoring and supports determined appropriate by your child's educational team.

Please note that even if ELD services are declined, your child will continue to participate in the federally required annual English language proficiency assessment (WIDA ACCESS or WIDA Alternate ACCESS, if applicable) until meeting Maine's criteria for English language proficiency and exiting ML status.

Acknowledgment and Confirmation of Declining ELD Services

Please complete the section below to confirm your understanding of the implications of declining your child's ELD services.

I, _____, decline ELD services for my child,
_____.

- I understand that my child's English proficiency assessment score indicates that they could benefit from English language development services and an Individualized Language Acquisition Plan.
- I understand that the school district is still obligated to meet state and federal requirements, including federally required annual English language proficiency testing (WIDA ACCESS and WIDA Alternate ACCESS, if applicable).
- This is my decision, and no one has encouraged me to decline ELD services for my child.
- I understand that I can change this decision at any time, and my child will receive ELD services.
- I was invited to meet with school staff regarding ELD services. Yes ☐ No ☐
- I was offered interpreter and translation services. Yes ☐ No ☐

Print full name _____

Signature

Date

If applicable:

Interpreter Name and Signature: _____
