

(Insert Date)

Dear Parent/Guardian,

Title III of the No Child Left Behind Act of 2001 is a federal law that requires school districts to identify language minority students, to assess progress in English proficiency, and to provide eligible children with services that would increase their English proficiency and their academic achievement. The requirements include parental input in deciding whether a child should participate in program(s) through which services are to be delivered. To comply with this law, the included form is being sent to request your consent in your child's participation in the program(s). Please complete and return this form by     (Date)    .

If you have questions, please feel free to contact me at \_\_\_\_\_ .

Thank you very much for your cooperation.

**School Official Signature**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

### Parental/Guardian Notification Form

District Name			
Authorized Official Name		Signature	Date
Student	First Name	Last Name	Grade
<p><b>Background Information:</b> Under Title III of the No Child Left Behind Act of 2001, which is a federal law, our district is required to identify language minority students, to assess progress in English proficiency, and to provide eligible children with services that would increase their English proficiency and their academic achievement. To comply with this law, your child has been identified and assessed. The following are the results of the assessment conducted to determine whether your child is eligible for services.</p>			
Assessment Tool	Tested Domains	Student Score(s)	Expected or Cut-off Score(s)
	<b>Speaking</b>		
	<b>Writing</b>		
	<b>Listening</b>		
	<b>Reading</b>		
	<b>Comprehension</b>		
Additional Considerations			
<p><b>Eligibility Information:</b> According to the assessment results and additional considerations above, your child <b>is</b> or <b>is not</b> eligible to receive services through the program(s) summarized below. Our district has researched and found the content of the program to increase language abilities and academic achievement. Therefore our district is highly recommending your child to participate in the program(s) listed below.</p>			
Program Name	Program Summary		

Other Program(s) offered (attach as needed)		
Transitioning Procedures		
<p><b>Parental agreement:</b> According to the law, as a parent of the child, you have the right to authorize or not to authorize our district to enroll your child in any of the programs listed above. In addition, you have the right to remove your child from any program(s) he or she is participating in at anytime.</p>		
<p><b><u>Please circle Yes or No</u></b></p>		
<b>Yes,</b> I would like my child to participate in the program(s) below:	<b>No,</b> I do not want my child to participate in the program(s) below:	<b>No,</b> I would like to remove my child from the program(s) below:
<b>Signature:</b>	<b>Signature:</b>	<b>Signature:</b>
Print full name:	Print full name:	Print full name:
Date:	Date:	Date: