

Date: _____

ENGLISH LANGUAGE DEVELOPMENT PROGRAM Parental Waiver Form

Student Name	e:	School:
Opt-out Date:		Grade:
Student ID#:		
As required by federal law, your child has taken an English language proficiency test to determine if s/he qualifies for English Language Development (ELD) instruction in order to comprehend daily lessons and participate socially in school. Your child has been tested in English reading, writing, speaking and listening. The test scores indicate that s/he is eligible to receive ELD instruction in a program designed to help students acquire English language proficiency and access grade level content instruction.		
Parental Right to Refuse ELD Services: The school has described in detail the ELD program they recommend for my child. I have considered the program(s) offered by the school and have chosen to decline separate, specialized ELD instruction for my child. Specialized services or classes are those provided only for English Learners (ELs), for example ELD pull-out classes, ESL tutoring, after-school English tutoring for ELs or content classes consisting of only ELs. This does not include a class composed of ELs and non-ELs in which ELD is supported through content instruction. By checking (✔) each item below, I acknowledge that I have read and understand each statement.		
recom	mended for additional English language. My decision to decline or opt-out of space of the school district will report my child tion as an English Learner (EL) until material law requires that my child will SS for ELs 2.0 until s/he attains Englistus. The school district will monitor my child general law requires that my child will monitor my child my child specialized ELD instruction until my after exit from EL status. The school district will continue to inform proficiency.	ic progress, and understand why s/he was le instruction. pecialized ELD instruction is voluntary. I to the Pennsylvania Department of lay child attains English proficiency.
and all	low my child to enroll in the ELD progra	
I, (parent/guardian name) with a full understanding of the above information, wish to		
	Decline all of the specialized ELD programs and services offered to my child. Decline some of the ELD programs and/or particular ELD services offered to my	
□ child.	Decline some of the ELD programs a	iliu/oi particular ELD services offered to my
Parent/Guardian Signature:		