



Clarksville-Montgomery County Schools
Parent Request to Waive ESL Services
For Use at Non-ESL Centers Only

Student Name _____ ID# _____

School _____ Grade _____

Teachers of English Language Learners provide a variety of specialized services until students demonstrate skills in English sufficient for them to succeed academically in the regular classroom. While the rate of English language development (ELD) varies between students, many exit the ELD program in 3-5 years. Your child's English language development will be assessed annually until he/she achieves: an Overall score of at least 5 on the ACCESS, a Literacy score of at least 5 on the ACCESS, and meets specific academic achievement requirements.

Students who exit the program are monitored for academic success for two years. All children, regardless of English proficiency, are eligible to participate in all school-wide programs. If your child has an Individualized Education Plan (IEP), or a 504 plan, the language instruction educational program will be utilized in coordination with your child's existing plan.

Throughout the school year, you will have many opportunities to learn about your child's progress in academics and learning English. I encourage you to attend parent-teacher conferences and school events to support your child's academic success. Your efforts will help us meet the expected rate for graduation of 100%.

As a parent, you have the right to decline enrollment in a program or type of service, withdraw your child from the program at any time, or choose another program if available. You may also re-enroll at a future date.

- ☐ Yes, I approve of this placement for my child.
- ☐ No, I would like to decline this placement for my child and will contact the school to discuss the options available for my child's English language development. I understand that my child will be tested annually on a state-approved ELP assessment until he/she attains English proficiency.

(Parent/Guardian Signature) Date _____



I have explained the ESL program and services to this parent/guardian and have witnessed his/her signature on this form.

_____ Date _____
(ESL Teacher or ESL Coordinator)

(This original form is to be filed in the student cumulative record; an additional copy is to be filed in the ESL office.)