

English Speakers of Other Languages (ESOL) Program
Sanford School Department
917 Main Street, Suite 200, Sanford, Maine 04073
Telephone (207) 324 2810 Fax (207) 324 5742

Student Name _____	Date _____
Parent/Guardian Name _____	
School _____	Grade _____

Dear Parent or Guardian,

English Speakers of Other Languages (ESOL) services must be offered to students who are designated as English Learners (EL). Your child has been determined to be an EL based on the Language Use Survey and/or screening using the preLAS/W-APT/MODEL and/or current ACCESS test scores.

The goal of the ESOL program is to help your child become proficient in English so that he or she will be able to fully participate and succeed in all classes and subjects taught in school.

- | |
|---|
| <ul style="list-style-type: none">• I understand that my child qualifies for services in the English Speakers of Other Languages (ESOL) Program.• I understand that state rules require that my child be tested annually with the ACCESS test until he/she achieves English language proficiency.• I understand that I may request that my child be re-enrolled in the program at any time.• I understand that I must sign this form every year that my child continues to qualify for ESOL services.• I choose to decline services in the ESOL Program for my child. |
|---|

Parent/Guardian Signature _____	Date _____
---------------------------------	------------

School Official's Signature _____	Date _____
-----------------------------------	------------

Return this form to:

Assistant Superintendent of Schools
Sanford School Department
917 Main Street, Suite 200
Sanford, Maine 04073