

ELL STUDENT PLACEMENT FORM



TODAY'S DATE _____

INSTRUCTIONS

Items 1-5 are to be completed by school personnel. Item 6 is to be completed by parent or guardian.

1. Please sign and return this form by _____ to _____
DATE PERSON/ADDRESS

AVAILABLE ELL SERVICES

2. Your child _____ who is enrolled in Grade _____
at _____ School has been identified as entitled to receive English
Language Learner (ELL) services (*Bilingual Education* or *English as a New Language*).

Bilingual Education (Transitional Bilingual Education or Dual Language) is the program in which a student will be placed provided there are enough students within the school and/or district to create a *Bilingual Education* program in their home language. If there are not enough students to create a *Bilingual Education* program at the school in which the student is enrolled, transportation can be provided to a school within the district that has such a program. If a *Bilingual Education* program is not available due to low numbers, your child will be placed in an *English as a New Language* program.

3. The following ELL programs are currently available at this school:

☐ Bilingual Education ☐ English as a New Language*
____ Transitional Bilingual Education
____ Dual Language

4. The following Bilingual Education programs are currently available at other school(s) within the District:

☐ Transitional Bilingual Education at _____ School(s)
☐ Dual Language at _____ School(s)

* At a minimum, *English as a New Language* programs are available at all New York State public schools at which ELLs are enrolled.

PLACEMENT

5. Your child has been provisionally placed in a _____ program
at _____ School.

To be completed by parent/guardian:

6. If your child has been provisionally placed in a ***Transitional Bilingual Education*** or a ***Dual Language*** program, you **must** complete the following (*check ONE*):

I have received ELL program information and accept my child's placement in a

- ☐ *Transitional Bilingual Education* or a
☐ *Dual Language* program at his or her school of enrollment.

I have received ELL program information and accept my child's placement in a *Transitional Bilingual Education* or a *Dual Language* program at the district school indicated above.

- ☐ *Transitional Bilingual Education* or a
☐ *Dual Language* program at his or her school of enrollment.

I have received ELL program information, and I am exercising my right to place my child in an

- ☐ *English as a New Language* program.

I understand that if I do not return this form by _____ my child may be placed in a ***Bilingual Education (Transitional Bilingual Education or Dual Language)*** program at the school of enrollment, if there are enough students, or at a Bilingual Education program at another school within the district. Otherwise, my child will be placed in an ***English as a New Language (ENL)*** program.

Parent/Guardian Name:	
Address:	
Daytime Telephone:	Evening Telephone:
Email Address:	
Signature:	Date:

CERTIFICATION

To be completed by school officials:

I certify that I have reviewed the above information and that the parent or guardian is fully informed regarding ELL programs and the student has been placed in the appropriate program.

Print Name:	Print Title:
Signature:	Date: