

**Parent/Guardian Refusal of Student Placement
English Language Development Program**

Child's Name: _____ **Date:** _____

School: _____ **School District:** _____

I hereby request that my child be removed from the English language development program.

I have been informed of:

- ✓ How my child was identified for the English language development program.
- ✓ The English language proficiency level of my child.
- ✓ The exit requirements of the English language proficiency program.
- ✓ How this program is designed to help my child learn English and meet age appropriate academic achievement standards which will help my student to be successful in school and meet requirements for graduation.
- ✓ Other English language development programs or methods of instruction available in the district for my child.

Vashon Island School District has communicated the benefits of its English language development program to me and the reasons that the district recommends my child's placement in this program. I am aware that my child has not met the program's exit requirements and is not considered by the district to be sufficiently proficient in English to succeed in mainstream classrooms without support through this program. I understand that I have the right to withdraw this written refusal of services at any time and request that my child be immediately placed back into the program.

In compliance with federal requirements, my child will continue to be tested on the state's annual language proficiency assessment until my child meets program exit requirements.

Sincerely,

Name of Parent/Guardian

Parent/Guardian Signature

Date