

Shawsheen Valley Technical High School
School Year _____
OPT-OUT FORM

Student Name:	Home language:
Opt-out Date:	Years in U.S. Schools:
SASID:	DOB:
School:	Grade:

As required by federal law, my child has taken an English language proficiency test (W-APT, WIDA ACCESS, or WIDA MODEL). My child has been tested in reading, writing, speaking and listening and the test scores indicate that s/he is eligible for an English Learner Education (ELE) program to receive ESL instruction in a program designed to help students acquire English language proficiency and access grade level content instruction. I have considered the options offered by the district and have chosen to decline ELE services. I understand that my decision to opt-out of ELE services will not affect the requirements the district needs to follow in order to comply with the state and federal laws. I understand that:

1. As per this request, my child will not receive specialized ESL instruction delivered by an ESL licensed teacher.
2. My refusal of ELE services does not release the district from its obligation to ensure that my child has access to the educational program by providing the necessary support in SEI classes taught by an SEI endorsed teacher.
3. The school district will report my child to *Student Management Information System (SIMS)* as an English Learner (EL) until my child attains English proficiency.
4. As long as my child is enrolled in Massachusetts public schools, s/he will be tested annually with ACCESS until s/he attains English proficiency.
5. As long as my child is enrolled in Massachusetts public schools, the school district will monitor my child's academic progress without benefit of receiving specialized ESL instruction until my child attains English proficiency, and four years after.
6. The school district will continue to inform me of my child's progress in attaining English proficiency.
7. I can change my preference at any time by notifying the school district in writing.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature: _____ Date: _____