

Appendix H: Opt out Monitoring Form

Greenfield Public Schools
School Year 20__-20__
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 specialized ESL instruction. I understand that my decision to opt-out of specialized ESL instruction 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 the specialized ESL instruction provided by an ESL licensed teacher 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 Signature: _____ Date: _____

CC: Student Services Office
Cumulative File