

School Name: _____
Nombre de la Escuela / Sianginn Min

Grade Level: _____
Grado / Cataang

School Year _____
Ciclo Escolar / Sianginn Kaikum

Perry Township Schools

PARENT REFUSAL EL SERVICES FORM

For Limited English Proficient Students

Student Last Name: _____ First Name _____ Middle Name: _____

Apellido del Estudiante
Siangngakchia Min Dong

Nombre
Min Hram

State ID#: _____ Native Language: _____
Idioma / Kokek Holh

DOB : _____
Fecha de Nacimiento / Chuah Nithla le Kum

ISTEP scores / Resultados de ISTEP / ISTEP Hmaak:

Test Month:	Test grade level:	LA: - Math:
Mes del examen Caphit Thla	Grado Phitmi Cataang	

ECA scores / Resultados de ECA / ECA Hmaak:

Test Year:	Test Month:	Grade:	Description:	Score:
Año Caphit Kum	Mes Caphit Thla	Grado Cataang	Materia Tuahmi Kong	Resultados Hmaak

English Proficiency Assessment

Grade	Test Date	Speaking	Listening	Reading	Writing	Overall (Level 1-5)	Comprehension	Oral
Grado Cataang	Fecha Caphit Ni	Hablando Biachim	Escuchando Hnangaih	Lectura Carel	Escritura Cattial		Comprensión Hngalh Khawhmi	Oral Kaa i Chim

Date: _____ / _____ /20_____

The following student qualifies for EL services; however the parent(s) have refused services. **Students declining program services must continue to be assessed for English proficiency on an annual basis until attaining a score of Level 5 on WIDA's ACCESS for ELLs annual assessment.** Please note that students whose parents decline services should still receive basic instructional accommodations (Lau v. Nichols) documented with an Individual Learning Plan (ILP).

If there is a language barrier, forms may need to be sent home in the first language when available and/or an interpreter may need to be utilized when contacting the home. Parents have the right to request EL Services at any time.

If you have any questions, please contact the EL teacher at your child's school.

Parent Name: _____ Signature: _____

EL Teacher's Name: _____ Signature: _____

Teacher's Name: _____ Signature: _____