



San Diego Unified School District
Office of Language Acquisition

School: _____ Date: _____

Dear Parent,

We understand that you would like to decline the English Learner (EL) program or particular EL services proposed for your child _____. EL services are specifically designed to help your child obtain English language proficiency as well as acquire grade-level content. However, as stated in our conversation, you have the right to opt your child out of the program or particular services.

If you still wish to opt your child out of the EL program or particular EL services, please initial next to each item on the checklist below. Doing so will indicate that you fully understand and agree with each statement. After you have initialed next to each of the statements, please sign, date, and return the form to your child's school. We will keep this document on file stating that you have declined or do not want these indicated EL services for your child.

___ I understand that my child will still be designated an "English Learner" and have his or her English proficiency assessed once per year with the Summative ELPAC until he/she meets the criteria for reclassification to fluent English proficient (RFEP).

___ I am aware of my child's English language assessment score and other information about my child's current academic progress and I understand why he/she was recommended for additional English language instruction.

___ I am familiar with the EL programs and services the school has available for my child.

___ I have had the opportunity to discuss the available EL programs and services with the school.

___ I understand that I have the right to cancel this request at any time and re-enroll my child in EL programs.

___ All of this information has been presented to me in a language I fully understand.

I, _____, with a full understanding of the above information, wish to

- decline all of the EL programs and EL services offered to my child.
decline some of the EL programs and/or particular EL services offered to my child.

In particular, I wish to decline (List program/services):

Three horizontal lines for listing declined programs/services.

Parent's Signature _____ Child's Name _____ Date _____

Received by OLA on _____

DATE STAMP