



Robstown Independent School District

FEDERAL PROGRAMS

701 N. 1st Street

Robstown, Texas 78380

Phone (361) 767-6600 ex 2070

Bilingual/ESL – Parent Approval/Denial Form

Dear Parent or Guardian:

It is the policy of the State of Texas that every student who has a home language other than English and who is identified as limited English proficient shall be provided a full opportunity to participate in a bilingual education program. Robstown Independent School District provides a program of instruction in two languages (Bilingual/ESL Education) for children whose primary language is not English, and who are limited in the English language. The program offers services of instruction in the student's language.

The goal of the Bilingual/ESL program is for the child to become dominant in English without taking away the child's primary language. Instead, the primary language will be developed to ensure the child learns academically while learning the English language. Once the child dominates the English language, he/she will transfer the academic skills learned in Spanish into the English language. This allows the child to stay at the same level as his/her English speaking peers as well as develop his/her primary language academically.

The children are categorized as beginner, intermediate, advanced or advanced high. Students rated beginner demonstrate little or no ability to understand and use the English language. Students rated intermediate have some ability to understand and use English. Students rated advanced have the ability to understand and use grade appropriate English with minimal support that addresses their linguistic needs. Students rated advanced high have attained the command of the English language that enables them with minimal second language acquisition support, to engage in regular, all-English academic instruction at their grade level. The Language Proficiency Assessment Committee (LPAC) makes the determination based on student data.

The LPAC has determined that your child _____ is limited in the English language and has recommended the Bilingual/ESL program. Your child has the opportunity to become fluent in two languages – English and Spanish. Your child's instruction will not be delayed at all. Please be assured that we have your child's best interest in mind.

Please check in the appropriate box below and return this letter to your child's teacher. As educators, we know that your Child's instruction is of the utmost importance to you. Therefore, we invite you to ask questions and to visit your child's classroom as often as you would like. We on ask that you let us know at the office when you come to visit.

Thank you for your participation and cooperation. Please let us know if you have any questions or concerns.

Sincerely,

Campus Principal

Check in the appropriate box below.

- Yes, I hereby consent for my child to participate in the Bilingual/ESL Education Program.**
- No, I do not consent for my child to participate in the Bilingual/ESL Education Program.**

Signature of Parent or Guardian

Date

Conference Date: _____