

ENTITLEMENT LETTER

[SCHOOL LETTERHEAD]

[INSERT DATE]

Dear Parent/Guardian:

At registration, you completed a Home Language Identification Survey (HLIS) for your child, [CHILD'S NAME]. Based on your responses to survey questions, your child was administered the Language Assessment Battery (LAB-R) to determine his or her level of English proficiency. Your child scored a [SCORE] on the LAB-R, entitling him or her to receive services as an English Language Learner (ELL) in one of the following programs:

- A *Transitional Bilingual Education program* includes language and subject matter instruction in the student's native language as well as intensive instruction in English as a Second Language. As the student develops proficiency in English by transferring language and academic skills from the native language, instruction in English increases and native language instruction decreases.
- A *Dual Language program* provides half of the instruction in English and half in the target language of the program (e.g., Spanish, Chinese, Haitian Creole). Students of a target language are taught alongside English-speaking students so that all students become biliterate and bicultural.
- A *Freestanding English as a Second Language program* provides all instruction in English through the use of specific instructional methodologies.

You have the opportunity to ask questions about educational programs and services that are available for your child and choose the program in which you would like to have your child enrolled at a parent orientation session [DATE] at [TIME AND PLACE]. Please bring the Parent Survey and Program Selection Form (which is attached to this letter). After the orientation, you will be asked to fill out this form, ordering program selections so that your first choice is the program in which you would most like to have your child enrolled, even if it is not currently offered at our school. This information will help us create programs that are responsive to parents' needs. You are strongly encouraged to attend the orientation so that you can make an informed choice. However, if you cannot attend the scheduled orientation, please call your Parent Coordinator, [PC NAME] at [NUMBER] to schedule an appointment or discuss program options over the phone. The Parent Survey and Program Selection Form should still be completed and returned to [PERSON OR OFFICE] by [DATE].

We will make every effort to honor the program you select for your child. However, parents who choose a Transitional Bilingual Education program that is not available at our school may transfer their child to another school in the district that has such a program. Please note that according to Part 154 of the Regulations of the Commissioner of Education for New York State, and based on your child's entitlement, at a minimum, your child must participate in a Freestanding English as a Second Language program.

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The program you choose for your child will be for the entire [SCHOOL YEAR] school year. Your child's continued entitlement will be determined by his or her performance on the New York State English as a Second Language Achievement Test (NYSESLAT) which will be administered in the spring. It is in the best interest of your child to remain in the same program for as long as he or she is entitled to services. Studies show that students who remain in the same program from year to year tend to perform better on standardized English and mathematics city and state tests and are more academically successful than those who alternate between different programs.

We are looking forward to a productive academic year for your child in our school. Should you have any questions concerning your child's program options, please contact [CONTACT NAME] at [CONTACT INFORMATION].

Sincerely,

[PRINCIPAL'S NAME]