Date:	WIDA Overall Proficiency Level:	
Dear Parent,		
services proposed for your ch services are specifically design	ild	in the English Language Development (ELD) (insert child's name). ELD English language proficiency as well as acquire , you have the legal right to opt your child out of the
Doing so will indicate that yo each of the statements, please	u fully understand and agree v sign, date, and return the form	se initial next to each item on the checklist below. with each statement. After you have initialed next to m to your child's ELD teacher. We will keep this ed ELD services for your child.
		nt score and other information about my child's recommended for additional English language
I am familiar with the I	ELD services the school has av	vailable for my child.
I have had the opportur	nity to discuss the available ser	rvices with my child's ELD teacher.
I understand that the sc	hool believes its recommendate	tion is the most academically beneficial for my child
proficiency assessed once per		"English Learner" and have his or her English neets the definition of an English Learner per Federal nnguage I fully understand.
I,		_ (insert name), with a full understanding of the
above information, wish to:		_ (insert name), with a full understanding of the
	services offered to my child. tle III ELD services offered to	my child.
I wish to decline (List progra	m/services)	
Parent's Signature	Child's Name	Date