



BREVARD COUNTY PUBLIC SCHOOLS
COMPLIANCE LETTER: ESOL PROGRAM EXIT LETTER
FLORIDA'S COMMITMENT TO ALL ENGLISH LANGUAGE LEARNERS

Student Name: _____ Student ID#: _____

Date of Entry into U.S. Schools (DEUSS): _____ Grade: _____ Date: _____

School: _____

Dear Parent/ Guardian:

Based on the Florida Department of Education's approved criteria, we are glad to inform you that your student has reached grade level proficiency and/ or is no longer needing English for Speakers of Other Languages (ESOL) services. As mandated, your student will be monitored for two academic years to ensure continued success.

Your child will no longer receive ESOL services based on the following assessment data:

ACCESS for ELL proficiency levels: Reading: _____

Overall: _____

State English Language Arts assessment results, ELA: _____

ELL Committee Extension of Services (EOS)/ Reevaluation Meeting, Date: _____

(This date is required for students with a basis of entry into ESOL code L by ELL Committee Meeting.)

We thank you for your support; and we encourage you to contact us using the below information, if you have any concerns, contact us using the information below:

Sincerely,

ESOL Contact

Phone Number

Email

ESOL Contact Signature