

BREVARD COUNTY PUBLIC SCHOOLS <u>COMPLIANCE LETTER: ESOL PLACEMENT NOTIFICATION</u> FLORIDA'S COMMITMENT TO ALL ENGLISH LANGUAGE LEARNERS

Student Name:		Student II)#:
Date of Entry into U.S. Schools	(DEUSS):	Grade:	Date:
School:			
Dear Parent/Guardian, Based on the responses to the Home the English language and his/ her elig			uated to determine his/ her proficiency in . We have determined the following:
☐ Recommended placemen☐ Do not recommend place	-	m.	
Recommended students qualify for E Program is determined using the foll		her Languages (ES	SOL) services. Qualification for the ESOL
INITIAL LANGUAGE PLACEMENT SC	REENER:		
Name of Initial Language Placement S	Screener:		
Date of Initial Language Placement So	creener:		
Overall Score of Initial Language Plac	ement Screener:		
Date of ELL Committee Meeting for P	lacement, if applicable: _		
ensure academic success during this throughout your child's educational e ESOL services will also be included in (IEP) if necessary.	transition period. The scherce to review acace to the guidelines and record the child's language strends or bilingual support. As a coplan of success. Your stunglish Language Arts (instances Subject Areas (math,	hool's ELL Commidemic needs and parendations in a needs by a parent, you are endent will participatruction with both science, social stu	ate in: ELLs and non-ELLs) dies, computer)
ESOL Contact	Phone Number	En	nail
ESOL Contact Signature			