

**Kane County School District**

**Parental English Language Learner Services  
Opt-Out Notification**

Dear Parent,

We understand that you would like to decline the English Learner (EL) program or particular EL services proposed for your child \_\_\_\_\_. EL services are specifically designed to help your child obtain English language proficiency as well as acquire grade-level content. However, as stated in our conversation, you have the legal right to opt your child out of the program or particular services. Please be informed that opting your child out of services at this time, does not prohibit you from accessing those services at a later date.

If you still wish to opt your child out of the EL program or particular EL services, please initial next to each item on the checklist below. Doing so will indicate that you fully understand and agree with each statement. After you have initialed next to each of the statements, please sign, date, and return the form to your child's school. We will keep this document on file stating that you have declined or do not want these indicated EL services for your child.

\_\_\_ I am aware of my child's English language assessment score and other information about my child's current academic progress, and understand why he/she was recommended for additional English language instruction.

\_\_\_ I am familiar with the EL programs and services the school has available for my child.

\_\_\_ I have had the opportunity to discuss the available EL programs and services with the school.

\_\_\_ I understand that the school believes its recommendation is the most academically beneficial for my child.

\_\_\_ I understand that my child will still be designated an "English Learner" and have his or her English proficiency assessed once per year until he/she no longer meets the definition of an English Learner.

\_\_\_ All of this information has been presented to me in a language I fully understand.

I, \_\_\_\_\_ with a full understanding of the above information,  
Parent Name

wish to:

\_\_\_ decline all of the EL programs and EL services offered to my child.

\_\_\_ decline some of the EL programs and/or particular EL services offered to my child.

I wish to decline the following services:

\_\_\_ Direct In-Class EL Support Services By District Staff

\_\_\_ Participation in Imagine Learning Program

\_\_\_ After School Literacy Support Programs

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
School

***For Further Information, please contact Chris Kupfer  
(KCSD Federal Programs Director) at 435 590-8144***