



1801 16<sup>th</sup> Street  
Des Moines, IA 50314

## PARENT REFUSAL OF ELL SERVICES

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I understand that after careful evaluation, it is recommended that my child receive extra service in the English Language Learner Program. School personnel have discussed this assignment with me and I understand the following:

1. This service is a part of Des Moines schools' educational program assisting children who have been identified as "limited English proficient" by the Language Assessment Scales (LAS).
2. Participation in the ELL Program helps my child develop English Language and other academic skills by improving reading, writing, and oral language skills.
3. ELL teacher(s) work with my child in small groups.
4. I have the right to refuse the service of this program if I choose to do so.

I have read and understood the above information. I have decided to refuse the service of the ELL Program at this time. I have the right to request ELL service for my child if needed in the future.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature  
(or Assessment Person at the Placement Center)

\_\_\_\_\_  
Date