



901 Walnut St.
Des Moines, IA 50309

PARENT PERMISSION FOR ELL SERVICE

Student Name: _____ School: _____

Address: _____ Home Phone: _____

I understand that after careful evaluation, it is recommended that my child will 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. My child will participate in the ELL Program, which helps him/her learn English and other academic skills by improving reading, writing, and oral language skills.
3. ELL teacher(s) will work with my child in small groups.
4. Teacher(s) will discuss my child's progress with me throughout the school year.
5. Any information about my child's progress will be made available to me upon request.
6. I am free to visit my child's class by appointment.
7. If, after talking with the ELL staff I still have questions about the ELL service, then I will be able to contact the principal at the school.
8. I have the right to refuse the service of this program if I choose to do so.

I have read and understand the above information. I decide to:

___ give permission for my child to participate in the ELL Program at _____
school

Parent Signature

Date