

**PARENT/GUARDIAN NOTICE OF QUALIFICATION  
FOR SERVICES FORM  
Blue Springs School District  
English Language Learner (ELL) Program**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Classroom Teacher & Grade Level

\_\_\_\_\_  
Student's Resident School Name

Dear Parent/Guardian:

Title III of the No Child Left Behind Act of 2001 is a federal law that requires school districts to identify language minority students, to assess progress in English proficiency, and to provide eligible children with services that would increase their English proficiency and academic achievement. In addition, parental input is required in deciding whether or not a child should participate in program(s) through which services are to be delivered. To comply with this law, this form has been sent as district notification of whether or not your student qualified to participate in the district's ELL program.

**Please read the following carefully:**

A recent evaluation of your student by district ELL program personnel included the following (Specify evaluation components):

Based upon the evaluation findings, the following is recommended (Description of actions proposed and why):

Please clarify your understanding of the student's qualification status. (Place an "x" by the appropriate statement.)

I understand that my student qualified for district ELL program services.

I understand that my student did not qualify for district ELL program services.

\_\_\_\_\_  
Parent/Guardian Name & Signature

\_\_\_\_\_  
Date

Thank you for your time and attention regarding this matter. If you have any questions, please do not hesitate to contact me at your earliest convenience.

\_\_\_\_\_  
ELL Staff Member Name & Signature

\_\_\_\_\_  
ELL Staff Member Title & Contact Phone #