



Bartlett City Schools
English as a Second Language Program
Phone 901.202.0855 ext. 243 Fax 901.202.0854

ESL PROGRAM - EXIT NOTIFICATION

Date: _____

Dear Parents / Guardian: _____

This letter is to inform you that your child _____, has demonstrated proficiency in all four areas of State of Tennessee Language Proficiency Assessment that was given during the spring of _____.

The four areas tested are:

- | | |
|---------------------|------------------|
| 1. Listening: _____ | Literacy: _____ |
| 2. Speaking: _____ | |
| 3. Reading: _____ | Composite: _____ |
| 4. Writing: _____ | |

At this time, it has been determined that your child no longer requires ESL services, and is being exited from the program. Your child will be monitored for two years to ensure that he / she is progressing as expected. If you have any questions, please call the local school

Thank you.

ESL Teacher

Date