



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

Program Response Letter

Student _____ Grade _____

I have received the information about the English as a Second Language program and the following recommendation for my child's placement for the _____ school year.

- Initial Placement
Assessment Results: _____
- Continuing Placement
Assessment Results: _____
- Pre-Exiting Support
Assessment Results: _____
- Exiting ESL Program
Assessment Results: _____

After exiting the ESL Program, your child's progress will be monitored for 2 years to ensure grade level success.

- I am in agreement with the recommended placement of my child in the ESL program.
- I do not agree with the ESL recommendation and request a conference.

Name of Parent/Guardian

Telephone of Parent/Guardian

Parent/Guardian Signature

Date

PLEASE RETURN THIS LETTER TO YOUR CHILD'S ESL TEACHER.

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