**Sample Provisional Parent Notification Letter**

**Your School District Name or Logo**

Date:

Dear Parent or Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Because your child has a home language other than English, we are required by civil rights law to provide needed language supports to help your child succeed in school. We do this by testing your child’s English language skills on the state assessment called the OELPS.

At this time, the school is unable to assess your child with the OELPS (Ohio English Language Proficiency Screener) due to \_\_\_\_\_\_\_ (e.g., health concerns/county safety guidelines/remote learning). To support your child to understand instruction and learn English as a new language, we have **provisionally** identified your child as an English Learner. This identification was based upon the Language Usage Survey and the following information/data—(list here, e.g., EL teacher assessed the child’s proficiency in listening, speaking, reading and writing English virtually, by phone….).

Provisional assessment means: (describe the school program for ELs)

* Your child will receive help from the English Learner teacher (or tutor – add your program here)
* Your child will receive supports to help him or her in class
* The EL teacher and the classroom teachers will work together to best help your child

Your child will complete the Ohio English Language Proficiency Screener (OELPS) test when it is determined that it is safe for students return to school and to take the OELPS (or add your plan here).

In the meantime, please let us know if you have questions regarding any aspect of your child’s education and your preferred means of communication (provide options related to interpretation, translation as well as ways to receive parent communications). In the future, you will receive another letter explaining more about your child’s English proficiency and the English Learner Program.

I look forward to working with your child. If you have questions, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please sign below and indicate whether you have questions about this information or would like interpretation assistance.

* I understand this information regarding English language services for my child.
* I understand this information and would like to speak with district staff to discuss my child’s participation in the above programs.
* I do not understand the language above and would like additional language support and explanation about this information.

(Printed name of the Parent/Guardian)

(Signature of the Parent/Guardian) Date

Sincerely,

ELL Teacher

(This sample document was prepared by Jill Kramer, EL Coordinator at the ESC of Central Ohio. Districts may edit this to suit their programs.

Please note that a signature is desirable but not required to provide service.)

**Cc: Student file**

 **Curriculum director/Principal**