



**ESOL Student Participation Letter
2021– 2022 School Year**

Dear Parent/ Guardian: _____,

Your child, _____, has been identified through test results, as a student who qualifies for services provided by the *English for Speakers of Other Languages, i.e., ESOL Program*.

ESOL is required by the New York State Department of Education (**CR Part 154**). The program is designed to develop skills in understanding, speaking, reading, writing, and communicating in English.

Your child's classroom teacher(s) and ESOL teacher(s) will work together for the benefit of your child and the improvement of his skills.

* Please fill out where it is highlighted in yellow on this form, and please **send it back** to your child's ESOL Teacher in the pre-stamped envelope.
Please do not hesitate to communicate with your child's ESOL teacher if you have any question(s).

Sincerely,

Ms. Suruba I. Wechsler
(Teacher) Suruba.Wechsler@rcsdk12.org

Mrs. Uma Mehta
(Principal)

Parental/Guardian Notification Form

Name of Student: _____ ID#: _____

School: Rochester Early College Int. High School English Proficiency Level: _____
(585) 324-9010 ext. 3391

Parent/Guardian Address

Telephone (Home) Telephone (Work) Telephone (Cell)

I understand that my child, _____, is participating in the ESOL Program in accordance with the **New York State CR Part 154**.

Parent/Guardian Signature: _____ Date: _____