

**Alternative Language Service
Jordan School District**

REFUSAL OF ESL SERVICES

This form must be completed each year to renew refusal of services.

I request that my student(s) **not** receive Title III services (ESL support) at their school.

I understand that my child/children will still participate in the annual Title III language proficiency testing as mandated by Title I and Title III of the No Child Left Behind Act of 2001.

Please print

Name of student(s)	Student Number	Grade Level	School

Parent/Guardian Signature: _____

Telephone number: _____

Date _____

Reminder to schools: Please send a copy of this form to Alternative Language Services

Office use only:

Please keep one copy of this form in the students cumulative file and send one copy to the ALS Department.

Date signed form received by school:	Date signed form received in ALS Dept:
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**Departamento de Servicios de Idiomas
Jordan School District**

RECHAZO A LOS SERVICIOS DE ESL

Este formulario debe ser completado cada año para renovar el rechazo de los servicios.

Solicito que mi estudiante(s) **no** reciba ayuda **directa** del programa de ESL de su escuela.

También entiendo que bajo la ley lo siguiente puede ocurrir:

- Mi estudiante recibirá servicios indirectos proveídos por sus maestros de su salón de clase por medio de un Plan de Desarrollo de Lenguaje Individualizado, y
- Las pruebas de lenguaje continuaran ocurriendo para chequear el desarrollo de su lenguaje.

Por favor imprente

Nombre del estudiante(s)	Numero del estudiante	Grado	Escuela

Firma del Padre / tutor: _____

Numero de teléfono: _____

Fecha: _____

Reminder to schools: An Individualized Language Development Plan (ILDLP) must be completed for this student. Please attach the ILDP when submitting this form to Alternative Language Services.

Office use only:

Please keep one copy of this form in the students cumulative file and send one copy to the ALS Department.

Date signed form received by school:	Date signed form received in ALS Dept:
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