

MISD
REFUSAL OF BILINGUAL EDUCATION/ESL PROGRAM SERVICES FORM

Student's Name _____

School/District _____ **Grade** _____

- I understand that the MISD Bilingual Education Program has recommended that my child receive assistance from an MISD Bilingual Assistant to help him/her improve his/her English skills.

- I understand that students in the bilingual program receive assistance from the tutor for approximately one hour per week, with Kindergarten ½ per week.

- I understand that all the curriculum and instruction in a regular classroom is designed for fluent English proficient students.

- I understand that without the recommended BIA assistance, the student's academic performance could be affected as measured by district proficiencies and M-STEP.

- I understand that refusing of the MISD Bilingual/EL Program services does not exempt my child from WIDA Access test if she/he did not score proficient in W-APT screening.

- I refused the services of the MISD Bilingual Education Program.

You may still participate in MISD's EL parent informational meetings at "MISD Family's Night", in October and May.

Parent signature _____ Date _____

District EL Teacher/Coordinator _____ Date _____

Principal _____ Date _____