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 hour 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 MEAP.
- ☐ I refuse the services of the MISD Bilingual Education Program.

Parent signature _____ Date _____

Principal _____ Date _____

BENGALI