

**Gulf County School Board
Student Services**

PARENT NOTIFICATION OF/CONSENT FOR SCREENING FOR ESOL ELIGIBILITY

Student Name _____ DOB _____

School _____ Teacher _____ Grade _____

Dear Parent or Guardian,

In an effort to maximize individual student success, our school has a process for screening students who indicate on the Home Language Survey that a language other than English is spoken in the home.

To assist your child in experiencing more school success, he/she has been identified for ELL screening.

In order to conduct the necessary screening, your consent must be obtained. All information gathered will assist in educational planning and will be shared with you at an ELL eligibility meeting.

Please check the appropriate box below and sign and date your name.

If you have any questions please contact _____ at _____.

Please return the form to _____ at _____.

Thank You.

YES, I give consent for my child to have an individual screening.

No, _____
(Comments)

Parent Signature: _____ Date: _____

Parent Printed Name: _____