Gulf County School Board
English for Speakers of Other Languages (ESOL)
MEETING PARTICIPATION FORM

Date: _____

To the Parent(s) or Adult Student -- Name of Student: _____

You have the opportunity and are encouraged to participate in conferences regarding the educational program for your son/daughter. Under State Board of Education Rules and Federal Law you have certain rights pertaining to this action.

A meeting has been scheduled at _____ (School) on _____ (Date) at _____ (Time) for:

- ☐ 1. Parent conference
- ☐ 2. The opportunity to develop the ELL Plan
- ☐ 3. The review and updating of the ELL Plan
- ☐ 4. The review of evaluation information and the determination of the appropriate educational program (Eligibility/Placement Staffing)
- ☐ 5. Discuss areas to be reevaluated and obtain parent consent for reevaluation
- ☐ 6. Discuss results of the reevaluation
- ☐ 7. Consideration of Dismissal from ESOL Program
- ☐ 8. Discuss appropriate placement
- ☐ 9. Other _____

The following people are invited to participate in this meeting:

Name	Position	Name	Position
_____	LEA Representative/Designee	_____	Evaluation Specialist
_____	ELL Teacher	_____	Translator
_____	Guidance Counselor	_____	Other Teacher
_____	Student	_____	Other
_____	Other Teacher	_____	Other

PARENT: Please check one of the following:

- ☐ 1. I will attend on the above date and time.
- ☐ 2. I wish to attend but on another date or time.
- ☐ 3. I am unable to attend, but do give my permission for the meeting to proceed without me.
- ☐ 4. I plan to bring:

Comments: _____

_____

_____ _____
Home Phone Work Phone Signature of Parent Date

PLEASE: Return a copy to
_____ at _____
Keep a copy for your files

Copy - ESOL School
Copy - ESOL Office
Copy - Parent/Adult Student
Copy - Second Parent Notice

Record of Contact Attempts: **OFFICE USE**

1. _____ (Date) (Type) (Results)
By: _____
2. _____ (Date) (Type) (Results)
By: _____
3. _____ (Date) (Type) (Results)
By: _____

If you have further question/concerns about your child's ELL Plan you may contact the ESOL/ELL Administrator or

_____ at _____.
Name Position Phone #