



ESL DEPARTMENT

3700 South High St. • Columbus, OH 43207 • Phone: 614-365-8802 • Fax: 614-365-8786

PROGRAM PLACEMENT FORM

Date: _____ Current School: _____ Grade: _____

Student Name: _____ Student #: _____

OELPA or LEP Level: *TBD* *Emerging* *Progressing* *Progressing-Trial Mainstream*

Parent/Guardian, please check the appropriate box below and sign at the bottom.

_____ **Transfer to a school with additional ESL programming:**

☐ Yes, I want my child to be moved to a school that has additional ESL programming.

_____ **Acceptance of additional ESL support for students who have previously refused ESL:**

☐ Yes, I want my child to be pulled for instruction in ESL or placed in ESL Sheltered Class(es).

_____ **Request to Return to Home School by address:**

☐ Yes, I want my child to attend his/her home school by address.

_____ **Refusal of Assigned ESL School placement recommendation:** _____

☐ I do not want my child to attend the assigned ESL school.

*Parents/Guardians of students identified as Limited English Proficient (LEP) have the right to refuse placement in a building with an ESL unit. In order to exercise this right, the parent/guardian must sign this form, which will be placed in the student's permanent file.

_____ **Parent Refusal of ESL Pull-out:**

☐ I do not wish my child to be taken out of mainstream instruction in order to receive pull-out services with the ESL teacher. I prefer to have my child receive additional ESL support from his/her general education teacher.

***Due to Ohio's Third Grade Reading Guarantee Act, parents with a kindergartener or 1st grader who refuse assignment to an ESL school must be aware that their child will have to repeat 3rd grade if he/she has been in US schools for 3 school years or more and are reading below grade-level. Therefore, we highly recommend that their child be placed in the assigned ESL school. This will help to increase the child's language and raise his/her reading level quickly, improving their chances of being at grade-level by the end of 3rd grade.**

Please enroll this student at _____, set up new transportation arrangements (if eligible), and request prior school records from the previous school (CPS or other).

Parent/Guardian Name & Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

Please scan & email a signed copy of this form to Elena Kelly-Gilman at ekellygi@columbus.k12.oh.us or fax to 614-365-8786 (or -76177) and place the signed original in the student's permanent file. Please call the ESL Department at 614-365-8802 with any questions.

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