



**Grades K-5 School Recommendations for ESL Support**  
**Columbus City Schools**  
**ESL Department**

3700 South High Street, Suite 143, Columbus, Ohio 43207 Phone: 614 365 8802 Fax: 614-491-8131



Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Grade \_\_\_\_\_

**1) Circle or write in school based on Placement Tool Recommendation.**

Placement Tool Rec.	Nearest School w/ ESL Unit	Home School
School Site	Write in School Below: _____	Write in School Below: _____
Program & Support	Students receive help in a “pullout” program in small groups that meet with a specially trained teacher a few hours/week to help them acquire their academic English language skills. They may also receive extra tutoring in reading and math skills.	In schools without ESL teachers, language support is provided in class by mainstream teachers.
School Environment	This school serves both English Learners and native English speakers.	This school serves both English Learners and native English speakers.

**Please check one & sign:**

\_\_\_\_\_ I accept the recommended placement of my child in the school indicated above, and I accept any ESL program deemed appropriate based on the OELPS21, which will be administered at my child’s school. If my child attends a home school without ESL pullout unit and an expanded ESL program is deemed appropriate based on the OELPS21, I understand that I have the right to request that he/she be transferred to the nearest school with an ESL Unit.

\_\_\_\_\_ I prefer that my child attend his/her home school (write in): \_\_\_\_\_. I understand that if my child needs an expanded ESL program in the future, I have the right to request that he/she be transferred to the nearest school with an ESL Unit.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_