

Parental Request for Program Change

Student Name: _____ Birth Date: _____ Grade: _____
 Name of Parent/Guardian: _____
 Address: _____ City _____ Zip Code _____
 Telephone (home): _____ (cell): _____ E-mail: _____

I have been informed of the educational opportunities available to my child and been provided with a full description of the educational materials that will be used in differential educational setting choices by the principal and/or educational staff at the school _____.

After reviewing the options available, I request that my child's primary language instruction be provided in English and/or not by the Structured English Immersion (SEI) offered by ACOE schools.

If my child is under ten years of age, I understand that he/she will [upon first enrolling] receive a program overwhelmingly in English for thirty (30) calendar days before participating in any Structured English Immersion (SEI).

I understand that this request applies only during the school year listed above, and I must request this program change on an annual basis for the request to continue. I understand that my request will be acted upon within 20 instructional days of receipt by the principal, or 10 days following the 30 calendar day placement period required by students requesting EL program changes under section CA Education Code § 311(c), whichever is later. I also understand that if my request is denied, I will receive a written explanation of the reason(s) for denying my request, if applicable. I have also been advised of the appeal process, should my request be denied.

I understand that I have the right to change this request at any time.

_____ Parent/Guardian's Name	_____ Parent/Guardian's Signature	_____ Date
_____ ACOE Employee's Name	_____ ACOE Employee's Signature	_____ Date Form Rec'd

Office Use Only:

☐ Approved

☐ Denied

Response to Parental Request for Program Change

for English Learners Requesting Alternative Placement

Student Name: _____ School: _____ Date: _____
 Stu ID#: _____ DOB: _____ Age: _____ Grade: _____ Primary Lang: _____
 Telephone (home): _____ (cell): _____ E-mail: _____

Dear Parent:

After careful review, your request for an EL Program Change has been:

☐ **Approved**

☐ **Denied:** Based on the attached assessment results, the Principal and the ELL coordinator have determined that it is not in the student's best interests to participate in a program alternative to the Structured English Immersion (SEI) provided by ACOE schools.

To the Parent: If you wish to appeal the denial of your Program Change Request, please follow the district's appeal/complaint procedures. The complaint procedures are in the ACOE Student & Parent Information Handbook (also attached).

Comments:

Principal's Name

Principal's Signature

Date

ELL Coordinator's Name

ELL Coordinator's Signature

Date