



# KEANSBURG SCHOOL DISTRICT

100 Palmer Place  
Keansburg, NJ 07734  
Phone: 732-787-2007  
Superintendent Fax: 732-495-6714  
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[www.keansburg.k12.nj.us](http://www.keansburg.k12.nj.us)

**Mr. John D. Covert**  
*Superintendent of Schools*

**Ms. Kathleen O'Hare**  
*District Director of Operations, C & I,  
State & Federal Programs*

**Mr. Daniel Castles**  
*Business Administrator/  
Board Secretary*

## Notification of Initial Placement in Bilingual/ESL/ELS Program

**Name of Student:** [enter name of student]

**Date:** [enter date of notification]

**District/charter school:** [enter District or Charter School Name]

**School:** [enter school name]

**Current Grade Level:** [enter current grade level]

Dear parent(s) or guardian(s):

Based on your child's English proficiency test scores, level of academic achievement, and teacher recommendation, we are pleased to inform you that your child will receive instruction in our school district's/charter school's **[enter name of Bilingual/ESL/ELS program]** program. The goal of the school district's/charter school's **[enter name of Bilingual/ESL/ELS program]** program is to help your child learn English and meet age-appropriate academic standards. Although you may request to have your child removed from the [enter name of Bilingual/ESL/ELS program] program, students normally participate for a period of **[enter minimum years]** to **[enter maximum years]** years. Multiple criteria are used in making determinations regarding when a student no longer needs program services. These criteria include:

**[enter criteria used]**

Your child's level of English was measured using the following test:

**[enter name of test: WIDA Screener, W-APT (Kindergarten only), or WIDA Model]**

Level of English proficiency:



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**[enter level of English proficiency]**

Your child's level of academic achievement was measured during a records review process upon entrance.

If your child has a learning disability, improvement in his/her ability to speak, read, and write in English will help meet the objectives of his/her Individualized Education Program.

Level of academic achievement based on the above assessment:

**[enter level of academic achievement]**

The method of instruction used in your child's language assistance program is:

**[leave the method used; delete the other two methods]**

English as a Second Language (ESL)  
English Language Services (ELS)  
Bilingual Education

Part-time or Full-time:

**[for Bilingual Education only, enter part-time or full-time]**

Program Description:

**[enter description of program]**

Please contact the below staff member in order to request additional information regarding available services or decline program services. You have the right to immediately decline program services or choose another program, if available.

Name: **[enter name of staff member]**

Title: **[enter title of staff member]**

Phone: **[enter phone number of staff member]**

Email: **[enter email of staff member]**

Sincerely,

**[enter name]**