



**GENESEE INTERMEDIATE SCHOOL DISTRICT OFFICE  
OF EDUCATION AND LEARNING  
CURRICULUM & INSTRUCTION**  
2413 West Maple Avenue  
Flint, Michigan 48507

**English as a Second Language**  
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## PARENT NOTICE

Your child has been referred for a Language Proficiency Evaluation to determine if he/she is eligible to receive English as a Second Language (ESL) services. This evaluation is a simple language assessment tool to evaluate English language skills – listening, reading, writing, speaking and the language needs of your child.

Please complete this form and return it to your child’s teacher, principal, or counselor.

Name of student: \_\_\_\_\_

School district: \_\_\_\_\_ Grade: \_\_\_\_\_

School building: \_\_\_\_\_

Name of teacher: \_\_\_\_\_

Name of ESL building contact: \_\_\_\_\_

The following persons will be involved:

_____ School Principal	Name _____
_____ ESL Coordinator	Name _____
_____ Teacher	Name _____
_____ Other	Name _____

This evaluation ONLY measures English language proficiency and is a service provided to improve instructional support and meet the long term educational needs of a linguistically diverse population. If your child is eligible for services, your consent will be needed before your child may participate in the ESL Program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**COPY – School**

**COPY – Parent**

**COPY – Genesee ISD**