



WEST MILFORD PUBLIC SCHOOLS

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Alex Anemone, Ed.D.
Superintendent

Barbara Francisco
Business Administrator/Board Secretary

Daniel Novak
Director of Education

Elizabeth McQuaid, OTD
Director of Special Services

"Success Starts Here"

Notification of Initial Placement in ESL Program

Name of Student: _____ Date: _____

District/charter school: **West Milford Township Public Schools**

School: _____

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 ESL Program. The goal of the school district's ESL 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 **ESL** program, students normally participate for a period of two to four years. Multiple criteria are used in making determinations regarding when a student no longer needs program services. These criteria include student's score on ACCESS for ELLS and student's academic performance in his/her classroom.

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

WIDA Screener, W-APT (Kindergarten only), or WIDA Model]

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:

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

English as a Second Language (ESL)

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: **Axel Osle**
Title: **ESL Teacher**
Phone: **(973) 838-6515**
Email: **axel.osle@wmtps.org**

Sincerely,
Axel Osle