

AsTumbo Elementary School

255 Chalan Hachon, Dededo, Guam 96929

P.O. Box DE, Hagatna, Guam 96932

Telephone: 635-4363/64



JON FERNANDEZ

Superintendent of Education

DERRICK R. SANTOS

School Principal

ENGLISH as a SECOND LANGUAGE (ESL) NOTIFICATION OF ELIGIBILITY

School: AsTumbo Elementary School
Phone: 635-4363 or 635-4364
Principal: Derrick R. Santos
ESL Coordinator: Maria Grace A.R. Acosta

Dear Parent/Guardian of _____ (*Name of Student*)

One of the requirements for enrollment/registration is completing a Home Language Survey (HLS). Federal laws and Guam Board Policy #312 require GDOE schools to assess a student's English language proficiency when there is a language background other than English. The HLS, assessment scores, and referral from the classroom teacher shall determine your child's eligibility and the extent of participation in the English as a Second Language/ESL program.

Our school mission is to provide an educational program that is equitable and most beneficial to your child.

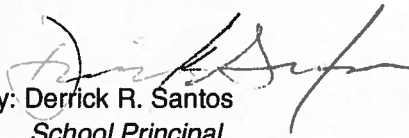
The following ESL programs are available at the school for those identified students:

1. Direct Services in Language Arts and/or Math: Pull-out or Sheltered classes.
 - a. These classes are primarily designed to strengthen a student's communication skills and understanding of Mathematical concepts so that he or she can progress satisfactorily in the grade level or modified curriculum.
2. Consultation: the ESL student stays in his or her homeroom class and participates in the regular curriculum.
 - a. Regular classroom teachers implement accommodations and modifications as needed for the ESL student to receive equitable instruction and ensure successful academic progress.

If you have any questions about the ESL Program, please contact the ESL coordinator for further information.

Sincerely,

Maria Grace A.R. Acosta
ESL Coordinator

Acknowledged by: 
Derrick R. Santos
School Principal

Parent/Guardian: Kindly acknowledge the receipt of this form and return it as soon as possible. Please remind your child to submit the entire form to his or her teacher. Thank you for your cooperation.

Yes, I understand how the ESL program determines eligibility based on the Home Language Survey, assessment scores, and teacher referrals. I give permission for my child to take the necessary assessments and participate in the ESL program (Direct Service or Consultation) when it is necessary and most beneficial to his or her academic progress.

Print the Name of Parent/Guardian: _____ Contact Numbers: _____
Signature of Parent/Guardian: _____ Date Signed: _____

Note: If you prefer that your child exits from the ESL program based on Waiver of ESL Services, you need to schedule a conference with the ESL coordinator by calling or visiting the school. After the meeting, there is a separate form that needs to be signed if you do not want your child to participate in the ESL program.