PATERSON CHARTER SCHOOL FOR SCIENCE & TECHNOLOGY

K-1 Campus 55 Main St. Paterson, NJ 07501 **P** (973) 333-4729
2-3 Campus 53 E. 34th St. Paterson, NJ 07514 **P** (973) 910-8090
4-7 Campus 276 Wabash Ave. Paterson, NJ 07503 **P** (973) 345-4400
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Notificación de colocación continua en el programa ESL

Nombre del alumno: **[enter name of student]** Fecha: **[enter date of notification]**
Distrito/escuela experimental: **[enter District or Charter School Name]**
Escuela: **[enter school name]**
Grado escolar actual: **[enter current grade level]**

Estimado(s) padre(s) o tutor(es):
Teniendo en cuenta los resultados de las pruebas de conocimientos del inglés de su hijo, su nivel de logro académico y las recomendaciones de los maestros, nos complace informarle que su hijo recibirá instrucción en el programa **ESL** de nuestro distrito escolar/escuela experimental. El objetivo del programa **ESL** de nuestro distrito escolar/escuela experimental es ayudar a que su hijo aprenda inglés y cumpla con ciertos estándares académicos acordes a su edad. Aunque usted puede solicitar que retiren a su hijo del programa **ESL** por lo general, los alumnos participan durante un período de 3 a5 años. Se usan múltiples criterios para determinar cuándo el alumno ya no necesita recibir los servicios del programa. Entre dichos criterios se encuentran: **Access for ELLs test scores, academic achievement data, teacher input.**

El nivel de conocimiento del inglés de su hijo se midió usando la siguiente prueba:
ACCESS for ELLs test scores
Nivel de conocimientos del inglés: **[enter level of English proficiency]**
El nivel de logro académico de su hijo se midió durante un proceso de revisión de registros al ingresar.
Si su hijo(a) cuenta con una discapacidad de aprendizaje, el mejoramiento de su capacidad para hablar, leer y escribir el inglés lo ayudará a lograr los objetivos de su Programa de Educación Individual.

El nivel de logro académico se basó en la evaluación anterior: [**enter level of academic achievement such as grades, benchmark results etc]**

El método de enseñanza que se usa en el programa de asistencia para el idioma de su hijo(a) es:
Inglés como Segundo Idioma (ESL)

Descripción del programa:
ELL student will receive ESL pull-out and/or push in for ELA and in-class support in other core subjects as needed from an ESL certified teacher.

Comuníquese con el miembro del personal que se menciona a continuación para solicitar información adicional con respecto a los servicios disponibles o para rechazar los servicios del programa. Tiene derecho a rechazar los servicios del programa de manera inmediata o a elegir otro programa, si es que está disponible.
Nombre: **[enter name of staff member]**
Título: **[enter title of staff member]**
Teléfono: **[enter phone number of staff member]**
Correo electrónico: **[enter email of staff member]**

Saludos cordiales.
[enter name]

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Notification of Notification of Continuing Placement in ESL 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's ESL Program . The goal of the school PCSSTs 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 3 to 5 years. Multiple criteria are used in making determinations regarding when a student no longer needs program services. These criteria include**: Access for Ells test scores, academic achievement data, and teacher input.**

Your child's level of English was measured using the following test:
Access for ELLs Test,

Level of English proficiency: (**enter test score here)**

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

Level of academic achievement based on the above assessment: (**enter a description of academic achievement based on grades, benchmarks, etc..)**

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

The method of instruction used in your child's language assistance program is:
English as a Second Language (ESL)
Program Description:
ELL student will receive ESL pull-out and/or push in for ELA and in-class support in other core subjects as needed from an ESL certified teacher.

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:
Title:
Phone:
Email:

Sincerely:

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İki Dilli / ESL / ELS Programına İlk Yerleştirme Bildirimi

Öğrencinin adı: **[enter name of student]** Tarih: **[enter date of notification]**
Bölge okulu/ devlet destekli özel okul: **[enter District or Charter School Name]**
Okul: **[enter school name]**
Mevcut Sınıf Seviyesi: **[enter current grade level]**

Değerli veli(ler):
Çocuğunuzun İngilizce yeterlilik sınavı puanlarına, akademik başarı düzeyine ve öğretmen tavsiyesine dayalı olarak, çocuğunuzun okul bölgemizin / devlet destekli özel okulunun **[enter name of Bilingual/ESL/ELS program]** programında eğitim alacağını size bildirmekten memnuniyet duyarız. Okul bölgesi / devlet destekli özel okulun **[enter name of Bilingual/ESL/ELS program]** programının amacı çocuğunuzun İngilizce öğrenmesine ve yaşa uygun akademik standartlara ulaşmasına yardımcı olmaktır. Çocuğunuzun **[enter name of Bilingual/ESL/ELS program]** programından çıkarılmasını talep etseniz de, öğrenciler normalde bu programa **[enter minimum years]** ila **[enter maximum years]** yıl gibi bir süre boyunca katılırlar. Bir öğrencinin artık program hizmetlerine ne zaman ihtiyaç duymadığına dair tespitlerde çoklu kriterler kullanılır. Bu kriterler şunları içerir:
[enter criteria used]
Çocuğunuzun İngilizce seviyesi, aşağıdaki test kullanılarak ölçülmüştür:
[enter name of test: WIDA Screener, W-APT (Kindergarten only), or WIDA Model]
İngilizce yeterlilik düzeyi: **[enter level of English proficiency]**
Çocuğunuzun akademik başarı düzeyi, girişteki kayıt inceleme sürecinde ölçülmüştür. Çocuğunuzun öğrenme güçlüğü varsa, İngilizce konuşma, okuma ve yazma yeteneğinin gelişmesi, Bireyselleştirilmiş Eğitim Programının hedeflerini karşılamaya yardımcı olacaktır.

Yukarıdaki değerlendirmeye dayanan akademik başarı seviyesi: [**enter level of academic achievement]**
Çocuğunuzun dil yardım programında kullanılan öğretim yöntemi:
[leave the method used; delete the other two methods]
İkinci Dil Olarak İngilizce (ESL)
İngilizce Dil Hizmetleri (ELS)
İki Dilli Eğitim
Yarı zamanlı veya Tam zamanlı: **[for Bilingual Education only, enter part-time or full-time]**
Program Açıklaması:
[enter description of program]

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Mevcut hizmetler hakkında ek bilgi istemek veya program hizmetlerini reddetmek için lütfen aşağıdaki personel ile irtibata geçin. Program hizmetlerini hemen reddetme veya varsa başka bir programı seçme hakkına sahipsiniz.
Adı: **[enter name of staff member]**
Görev Başlığı: **[enter title of staff member]**
Telefon: **[enter phone number of staff member]**
E-posta: **[enter email of staff member]**

Saygılarımla,
[enter name]