Creighton School District
Department of English Language Acquisition

Charlotte Boyle, EdD
Superintendent of Creighton School District

Student Withdrawal from an English Language Learner Program by IEP

Student Name _____SAIS I.D._____
Last Name First Name M.I.

Student I.D._____ Current School _____

Grade_____

As the parent or legal guardian of the above named student, I am recommending to request that my student be removed from his/her designated English Language Learner program (Structured English Immersion or Bilingual Education). I have discussed any alternative educational options with my student's Individual Education Program Team (IEP) and I am requesting that the student be placed in a mainstream, non-English Language Learner classroom. It is my belief that this course of instruction is better suited for my student's needs and therefore I consent to a mainstream classroom placement.

Parent or Legal
Guardian Signature_____

Date_____

FOR OFFICE USE ONLY
Current *Arizona English Language Learner Assessment* Performance Levels:
Year of Assessment:

Listening_____ Speaking_____ Reading_____ Total Writing_____

By signing, I acknowledge that I have discussed the alternative educational options with the parent/legal guardian and I agree to place the student according to the parent/legal guardian's wishes.

Principal's Signature_____

Date_____