

Georgia Cyber Academy

**Initial Notification of Eligibility
for English for Speakers of Other Languages (ESOL) Services**

Date: _____

Student Name: _____

School Georgia Cyber Academy Grade: _____

Dear Parent/Guardian:

Based on your responses to the Home Language Survey you completed during registration, your child was tested on _____ using the WIDA Screener. Your child scored a _____ on this test, which indicates that he/she would benefit from ESOL support during the school day.

ESOL is a program that helps students improve their English skills so that they will be more successful in an all-English speaking classroom environment. Your child will be tested each year to determine if he or she continues to qualify for this ESOL program.

As a parent or guardian, you have the right to waive direct ESOL support for your student. If you are interested in discussing this option or would like additional information about the ESOL program, please contact the following individual in our school district.

We look forward to helping your child develop and improve his or her academic English skills.

Sincerely,

Name: Julie Ferrer

Title: Title III Coordinator

Telephone Number: 404-334-4790 ext. 203

E-mail address: jferrer@gacyber.org