

## PARENT CONSULTATION FORM

Pursuant to a resolution agreement among the Arizona Department of Education, the U.S. Department of Education’s Office for Civil Rights and the U.S. Department of Justice’s Civil Rights Division, this form is to document the consultation between educators and parents regarding English language support intervention services to students scoring composite Proficient on the AZELLA during the period SY 2007-08 to SY 2012-13 but not proficient in reading or writing on the AZELLA and/or have not “met the standard” on AIMS Reading or Writing.

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_ **IFEP or FEP (RFEP, FEP1, FEP2, FEP3, etc.)** \_\_\_\_\_

**SAIS No.** \_\_\_\_\_ **District/Charter** \_\_\_\_\_ **School** \_\_\_\_\_

**AZELLA (most recent scores): Please use PE, E, B, I, P**

\_\_\_\_ Composite Score    \_\_\_\_ AZELLA Reading Score    \_\_\_\_ AZELLA Writing Score    Test Date \_\_\_\_\_

**AIMS (most recent scores): Please use FFB – Falls Far Below, A – Approaches, M – Meets or Exceeds the Standard**

\_\_\_\_ AIMS Reading Score    \_\_\_\_ AIMS Writing Score    Test Date \_\_\_\_\_

**If an AIMS Reading or Writing Score is not available, the students’ core content grades in the last calendar year are** (transcript or report card may be attached): \_\_\_\_\_

**Option for enrolling student in “intervention services” is based on the following criteria:** \_\_\_\_\_

*Note: Additional teacher input may be attached to this form for consideration in determining appropriate intervention services.*

Based upon the above information, the student named above is qualified to receive intervention services in English language support. The following services are available (mark all that apply) and have the parent initial those elected:

<input type="checkbox"/> <b>Placement in SEI class focused on Reading/1 hour daily</b> Parent’s Initials: _____	<input type="checkbox"/> <b>Another class focused on Writing</b> Parent’s Initials: _____
<input type="checkbox"/> <b>Placement in SEI class focused on Writing/1 hour daily</b> Parent’s Initials: _____	<input type="checkbox"/> <b>Before School Supplemental Intervention Service</b> Parent’s Initials: _____
<input type="checkbox"/> <b>Placement in a service plan similar to an Individual Language Learner Plan with intervention delivered in a mainstream content class/daily for up to two hours</b> Parent’s Initials: _____	<input type="checkbox"/> <b>After School Supplemental Intervention Service</b> Parent’s Initials: _____
<input type="checkbox"/> <b>Another class focused on Reading</b> Parent’s Initials: _____	<input type="checkbox"/> <b>Before or After School Intervention Service Only</b> Parent’s Initials Required: _____
<input type="checkbox"/> <b>Services declined;</b> Parent’s Initials Required: _____	

**Attach LEA-developed plan for providing services. Follow-up assessment to evaluate that the above-mentioned services have been effective over time are required by this plan (include formative assessments and other performance data). This completed form and the LEA-developed plan for providing services are to be placed in the student’s cumulative file.**

Teacher Signature:	Date
ELL Coordinator Signature:	Date
Parent Signature:	Date