

**Basic Skills Improvement Program**

**Palmyra School District**

**Palmyra, New Jersey 08065**

Dear Parent or Guardian,

\_\_\_\_\_ is eligible to receive English language services based on his/her score on the IDEA PROFICIENCY TEST or the WIDA ACCESS for ELLs TEST and on recommendation of the classroom teacher.

Your child will be receiving English language assistance with oral and written language three times a week.

There will be an Individual Student Improvement Plan for your child which will be reviewed at parent conference time.

Please feel free to contact the school should you have any questions (829-3601).

Very truly yours,

Marie Dicks

Basic Skills Coordinator

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Please sign and return this portion by \_\_\_\_\_ so that we know that you have received this note. Thank you.

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Parent's Name

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Student's Name

\_\_\_\_\_ Will it be acceptable for us to write to you in English?