

IEP Team Recommendation for Exit from ESL

School: _____ Date: _____

Name of Student: _____ Grade: _____

We, the IEP team serving the aforementioned student, recommend that he/she be removed from the English as a Second Language (ESL) program. We believe that the student is not benefiting from the program due to his/her disability. We understand that our decision must be based on the educational needs of the student and that those needs can and will be met through the Special Education program. We also understand that we must be able to support this decision through documentation.

Data used to make this recommendation:

IEP Team Leader Signature: _____

**This form is to be placed and remain in the student's cumulative folder.*