

**ARD COMMITTEE RECOMMENDATION
PERTAINING TO B/ESL STUDENT**

NOTE: LPAC Chairperson, please enclose this original form in the student's orange folder and attach a copy to the CEC monthly report.

The ARD Committee met on _____ and along with the LPAC Chairperson present determined that the following student should:

1. _____ Continue to receive _____ B _____ ESL services
2. _____ Begin or _____ Continue Special Education services
3. _____ Discontinue Special Education Services
4. _____ Discontinue B/ESL Services (this becomes a parent denial and requires handwritten letter from parent)

The aforementioned decision regarding the student will become effective on _____.
Date

STUDENT DATA

NAME _____ GRADE _____

SCHOOL _____ ID # _____

DATE OF BIRTH _____ AGE _____

Committee Members Present:

LPAC Chairperson

Special Education Representative

General Education Representative
(Teacher/Counselor, Etc.)

Parent