□ First Request for 10 Additional Months

 \square Second Request for 10 Additional Months (20 total months)

□ Third Request for 10 Additional Months (30 total months)

Request for Extension of Transitional Bilingual Services Beyond 30 Months

Section 286(d) of Public Act 15-5 from the June Special Session states that, in addition to the thirty months that students have been allowed to spend in a transitional program, "an eligible student may spend up to an additional thirty months in a program of bilingual education if (1) the local or regional board of education responsible for educating such student requests an extension of such bilingual education for such student to the Department of Education, or (2) the Department of Education makes a determination that an extension of such bilingual education for such student, fill out the form below.

Student Information	Student Name:	10-digit SASID number:	Dominant Language:
	District:	School:	Current Grade Level:
	Date that the Student Began Participating in a Transitional Bilingual Program (month/year):		
	Has the student already received 30 months of service in a transitional bilingual program?Image: YESImage: NO30-month completion date:		
Criteria for Consideration	□ Student HAS NOT met the approved English mastery standard as defined by the Connecticut State Department of Education.		
	 Have district personnel consulted the parent/guardian and the student, if appropriate, about remaining in the transitional bilingual program? YES NO 		
	If yes, did the parent/guardian and the student express preference to remain in the transitional bilingual program for additional time?		
	Can the student's progress be demonstrated quantitatively and/or qualitatively to show that the student will benefit from extended time in the transitional bilingual program? YES INO Provide evidence of student progress:		
	Other considerations (please explain):		
Signatures (Form must be signed by the person completing the form and the district's	Form Completed By: (please print)		
	Signature of Form Completer:		Date:
	Signature of bilingual/ESL program administrator OR superintendent:		
administrator or coordinator of bilingual/ESL programs OR the superintendent)	Print name and title of administrator signer:		
For Agency Use Only	Form Reviewed by:	Decision:	🗆 Deny
	Rationale for decision:		

^{*}Approval for extended time in a transitional bilingual program is contingent on the program being offered during the following year. In its annual identification of mandated transitional bilingual programs, the CSDE WILL include students approved for extended time beyond the 30 month period.

^{*}If request is approved by the CSDE, the student MUST be recoded from 1A to 1C in the Public School Information System (PSIS). If the student is approved but there is no transitional bilingual program offered, the student must exit bilingual programming and be recoded in PSIS as 03 (receiving Language Transition Support Services (LTSS)).