

RECOMMENDATION FOR GRADE RETENTION: TEAM FOR STUDENT SUCCESS MEETING

Student's Name: _____ SID No. _____ Grade: _____ Circle One: Male/Female

Ethnicity: _____ Date of Birth: _____ School: _____ Referring Teacher: _____

Date of Student's Enrollment for Current School Year _____ Note: IEPT determines grade placement for students receiving SPED.

Assessment Information (Summarize data applicable to "at risk for retention" designation): _____

Grade Retention Criteria (Check only if the evidence reviewed by the TSS indicates the applicable criteria has been met):

- There is a written parent(s)/guardian(s) acknowledgement attached documenting a staff member gave the parent(s)/guardian(s) notice early in the school year that the student was identified as at risk for retention.
- Documentation demonstrates the student's academic progress was periodically monitored by the responsible teacher.
- Documentation indicate instructional strategies were changed by the teacher when academic progress monitoring showed the student was not making sufficient progress.
- Educational program changes made by the teacher(s) have been described and reviewed.
- There is evidence indicating the student will benefit academically from a grade retention.
- Attached is the TSS's written description of how the student responded to the instructional strategies used, including a description of the most effective and least effective strategies.
- Attached is the teacher's Individual Retention Plan with recommendation for the instructional strategies to help the student meet the minimum grade-level standards next school year.
- The student's academic performance is not primarily the result of second language acquisition factors or disability-related behavior.

CONTINUE WITH CONSIDERATION OF RETENTION RECOMMENDATION ONLY WHEN EACH OF THE ABOVE LISTED GRADE RETENTION CRITERIA HAVE BEEN MET.

Signatures

Mark "Yes" to agree (a) all the above-listed grade retention criteria have been met and (b) the student should be retained. Mark "No" to (a) indicate one or more of the above-listed grade retention criteria has not been met or to (b) disagree with the recommendation for retention. If the parent(s)/guardian(s) circles no or the criteria have not been met, the student will be promoted.

Signature of Responsible Teacher Date YES\NO

Signature of Principal Date YES\NO

Signature of Parent(s)/Guardian(s) Date YES\NO

Signature of Other Participant Date YES\NO

Signature of Parent(s)/Guardian(s) Date YES\NO

Signature of Other Participant Date YES\NO

_____ I have been advised I can appeal the TSS recommendation within 10 days following the meeting.
Parent Initials

Additional Required School Actions:

- Make an entry on the student's electronic enrollment screen indicating the student's retention status.
Date Entered on Computer _____ By _____
- Send a copy of this form and all supporting documentation listed above to the Student Services Department no later than May 1.
- Store appropriate distribution copies and documentation in the student's cumulative file.