

BACKGROUND AND PHILOSOPHY

The Mission of the Harlem Consolidated School District, as a vital part of the community, is to help diverse learners realize their unlimited potential by providing an educational program dedicated to academic excellence and the development of strong character in a safe and respectful learning environment.

We believe in the Harlem Consolidated School District that all students should experience academic success while attending school. Every attempt will be made to help all students accomplish this goal as we promote a mutual accountability of students, educators, and parents. All possible interventions will be made available to students to ensure academic success in the Harlem Consolidated School District. However, some students may need to be considered for retention due to their lack of progress. This policy and procedure outlines the process for considering a student for retention in the Harlem Consolidated School District.

RETENTION

Retention will be considered, only in instances where there is a strong likelihood that the student will benefit academically, socially, and emotionally. Research has shown that only certain students benefit from retention. In fact, the potential negative effects often outweigh the positive outcomes therefore retention should be considered carefully. In most circumstances emphasis will be placed on the implementation of an intervention plan to prevent retention, or in lieu of retention. The following procedures should be followed:

| Recommended Action Steps | Suggested Time Line |
|--|---------------------|
| 1. Observe child's progress and document any concerns. | Sept.-Oct. |
| 2. Develop and implement appropriate classroom interventions and document via the RtI paperwork. Be sure to contact parents and share specific concerns. | Oct.-Jan. |
| 3. Consult with RtI team to determine additional school interventions and assign case manager. | Oct.-Jan. |
| 4. Discuss results and interventions with parents honestly and specifically on a regular basis as part of the problem solving process. | Oct.-Jan. |
| 5. Continue to monitor progress of intervention plan and hold regularly scheduled problem-solving meetings to determine intervention plan changes and to monitor student progress. Begin to complete the Retention/Promotion Checklist. | Jan.-March |
| 6. Review all information on the child's performance. Complete the Retention/Promotion Checklist and Light's Retention Scale | March – April |
| 7. Make recommendation about promotion or retention. If requesting to retain, submit all paperwork including the Retention Intervention Plan (RIP) to the District Retention Review Team (DRRT). If promotion is recommended, the School Retention Review Team (SRRT) submits Promotion Intervention Plan (PIP) to the RtI team. | May |
| 8. District Retention Review Team (DRRT) makes final decision. | May |
| 9. If retention request is denied, the School Retention Review Team (SRRT) will complete a Promotion Intervention Plan (PIP). | May |
| 10. Parent is informed about decision and appeal process, if necessary. | May |

DISTRICT RETENTION REVIEW TEAM (DRRT)

When a parent requests that a child be retained the request is to be reviewed by the school's Response to Intervention Team (RtI). If the RtI team or teacher requests consideration of retention, the School Retention Review Team (SRRT) reviews all data and paperwork collected throughout the retention consideration process. If the SRRT supports the retention request, the teacher and principal, along with parent/guardian (if they choose to) will present the case to the DRRT. Upon review of the case, the District Retention Review Team (DRRT) will make a make the final decision regarding retention. The team membership is to include the following:

- Assistant Superintendent or designee(s)
- Principal – not from referring school
- Counselor/Social Worker
- Psychologist (as applicable)
- Interventionist
- Teacher(s)

The decision regarding possible retention will be made and communicated to parent(s) prior to the last day of school.

Any decision will have advantages and disadvantages for the student. These factors are considered to make a placement recommendation that is in the best interest of the individual student. Along with the placement recommendation, a Retention Intervention Plan (RIP) or a Promotion Intervention Plan (PIP) will be developed to support the student as appropriate. The RIP or PIP is a plan of action for each student which includes program interventions and services, including instructional accommodations and curriculum modifications to help the student be successful in the upcoming school year.

APPEAL PROCESS

If parents do not agree with the DRRT's decision, they may submit a letter of appeal to the superintendent within ten (10) days from the time the decision was conveyed to them. If the teacher/parent advocating retention does not agree with the final decision of the superintendent, he/she may request a written summary to clarify the basis for the decision, a copy of which is to be included in the student's cumulative file.

GRADE LEVEL RETENTION PROCEDURE (Grades K-8)

Pupil Promotion and Retention

Students shall progress through the school system's grade levels by demonstrating growth in learning and meeting grade-level standards. As early as possible in the school year and in the student's school careers, the instructional staff shall identify students who are at risk academically for retention.

If the student has been determined to be at risk, the instructional staff will take that students name to the RTI Team. The purpose is to design remediation and additional instructional interventions that will improve the academic performance of the identified student. If the documented remediations do not assist the student he/she will be recommended to the Diagnostic Team for possible testing.

Criteria for Pupil Promotion and Retention

The following criteria will be reviewed by the instructional staff in considering the promotion or retention of a student.

- Scores on school wide assessments
- Scores on program or classroom assessments
- Student grades
- Teacher and staff observations
- State Scores (3-8)
- Age of Student
- Attendance record of student
- Developmental level of student
- Previous retention
- Environmental Factors (when appropriate)
- Other

High School (Grades 9-12)

At the high school level, students move grades as they accumulate credits.

STUDENTS WITH IEPs and ENGLISH LANGUAGE LEARNERS

Students with disabilities identified under the Individuals with Disabilities Education Act (IDEA) should generally not be retained if the assessed deficits in academic, social, communication, or motor development are the result of the identified disability. The educational needs of these students are appropriately addressed through the IEP (Individual Education Program) process with special education support and modifications of the general education program.

English Language Learners shall not be retained solely because of English language barriers. Grades must represent what the student understands about the subject matter, after appropriate modifications and interventions have been documented, not the child's level of English proficiency.

GATHERING RETENTION INFORMATION

When considering retention, the District Retention Review Team will take into consideration the following: current grades, current District and State assessment scores; Light's Retention Scale data, parent recommendation(s), teacher recommendation(s); social worker/counselor recommendation(s); and other specialized staff recommendation(s).

The Light's Retention Scale (revised edition, 1998) is recommended as a tool for gathering diagnostic information about the non-promotion candidate. Its use should be determined by the team, e.g., completed independently by parent and teacher or jointly at the parent-teacher conference. The Light's Retention Scale manual can serve as a resource for discussing possible retention along with the "Parent Guide to Grade Retention" (H. Wayne Light, Ph.D.). Copies of the Light's Retention Scale are available to schools through the Curriculum and Instruction office. The school social worker/counselor will facilitate the assessment.

Retention/Promotion Checklist

Action Step 5: If interventions have not been successful, the School Retention Review Team (SRRT) begins to complete the Retention/Promotion Checklist. (January-March) RtI interventions will be modified and/or increase in frequency and duration.

The Retention/Promotion Checklist

Student _____ Date of Birth _____ Present grade placement _____

Directions: Where indicated, please list the name of the individual(s) who provided specific information. Please pass over any items that either you or the parents/guardians are uncomfortable answering.

1. Has this student's ability been evaluated with an individually administered IQ test?

☐ Yes ☐ No

If yes, what were the findings?

If no, is this something that should be addressed? ☐ Yes ☐ No

Name(s) of the individual(s) who provided this information:

_____ Date _____
_____ Date _____

2. Does this student make a consistent effort to do his/her work?

☐ Always
☐ Most of the time
☐ Sometimes
☐ Seldom
☐ Never

Comments: _____

3a. Has this student been identified as learning disabled?

☐ Yes ☐ No

If yes, in which area(s) – check all that apply.

____ Basic Reading Skills ____ Reading Fluency Skills ____ Reading Comprehension
____ Written Expression ____ Oral Expression ____ Listening Comprehension
____ Mathematical Calculation ____ Mathematical Problem Solving

- 3b. If the answer to question number 5a was "No," do you or the parents/guardians suspect that this student may have some type of unidentified learning problem?

☐ Yes ☐ No ☐ Unsure at this time

If yes or unsure at this time, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

4. Do you or the parents/guardians have concerns about this student's ability to meet grade-level standards if the student is promoted to the next grade?

☐ Yes ☐ No

If yes, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

5. What was this student's chronological age at the time of school entrance? ____ years ____ months

6. Do you or the parents/guardians think this student's behavior is developmentally young for his/her chronological age/present grade level placement in relation to same-age peers?

☐ Yes ☐ No ☐ Unsure at this time

If yes or unsure at this time, please comment: _____

7. Has this student ever had an extra year of learning time in any form?

☐ Yes ☐ No

If yes, please indicate if this student:

☐ Stayed home an extra year

☐ Spent an extra year in a day care or preschool setting

☐ Took an extra year in a transition grade/program (i.e. pre-kindergarten, pre-first, pre-second, pre-third)

☐ Has already been retained in grade

☐ Remained an extra year in a multiage classroom

☐ Other (please specify) _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

STOP – If this student has already had an additional year of learning time, retention is not an appropriate intervention. This child should be promoted and given support services; see question 13 and refer to the Promotion Intervention Plan (PIP).

8. Does this student exhibit signs and signals of school-related stress?

___ Yes ___ No

If yes, check all stress signs and signals that apply:

At home – How often does this student:

| | <i>Often</i> | <i>Sometimes</i> | <i>Rarely</i> | <i>Never</i> |
|--|--------------|------------------|---------------|--------------|
| A. Revert to bedwetting? | ___ | ___ | ___ | ___ |
| B. Not want to go to school? | ___ | ___ | ___ | ___ |
| C. Suffer from stomachaches or headaches, particularly in the morning before school? | ___ | ___ | ___ | ___ |
| D. Dislike school or complain that school is “dumb”? | ___ | ___ | ___ | ___ |

If some of the areas checked were under “Often,” please comment: _____

Name(s) of the individual(s) who provided information on Section A-D:

_____ Date _____
_____ Date _____

At school – How often does this student:

| | <i>Often</i> | <i>Sometimes</i> | <i>Rarely</i> | <i>Never</i> |
|---|--------------|------------------|---------------|--------------|
| E. Want to play with younger children? | ___ | ___ | ___ | ___ |
| F. Miss school? | ___ | ___ | ___ | ___ |
| G. Complain about being bored with schoolwork, when in reality he/she cannot do the work? | ___ | ___ | ___ | ___ |
| H. Have difficulty paying attention or staying on task? | ___ | ___ | ___ | ___ |
| I. Have difficulty following the daily routine? | ___ | ___ | ___ | ___ |
| J. Seem unable to shift easily from one task to the next, one adult to the next, one situation to the next? | ___ | ___ | ___ | ___ |

If some of the areas checked were under “Often,” please comment: _____

Name(s) of the individual(s) who provided information on Section E-J:

_____ Date _____
_____ Date _____

In general – How often does this student:

| | <i>Often</i> | <i>Sometimes</i> | <i>Rarely</i> | <i>Never</i> |
|---|--------------|------------------|---------------|--------------|
| K. Become withdrawn? | — | — | — | — |
| L. Complain that he/she has no friends? | — | — | — | — |
| M. Cry easily and frequently? | — | — | — | — |
| N. Seem depressed? | — | — | — | — |
| O. Tire quickly? | — | — | — | — |
| P. Need constant reassurance and praise? | — | — | — | — |
| Q. Act harried/hurried? | — | — | — | — |
| R. Show signs of a nervous tick (i.e. frequent Clearing of the throat, pulling out hair, Twitching eye, nervous cough)? | — | — | — | — |

If some of the areas checked were under "Often," please comment: _____

Name(s) of the individual(s) who provided information on Section K-R:

_____ Date _____
_____ Date _____

(Note: All children display some kind of stress at times. Severe stress is indicated when a child consistently displays several stress signs over an extended period of time.)

9a. What is this student's attendance record?

___ Good attendance ___ High absenteeism (15 or more days per year)

This student was absent ___ out of ___ school days.

9b. If this student has had high absenteeism, was it due to a documented illness or disability?

___ Yes ___ No

If yes, please comment: _____

10. Is this student's family highly transient (moved three or more times in five years)?

___ Yes ___ No

If yes, how often has the family moved since this student started school? _____

Student's History of School Difficulty

11. Has this student experienced serious difficulty in any of the following grades/programs? Please check all that apply. (N/A = Not applicable)

| | | | |
|----------------------------|------------------------------|-----------------------------|------------------------------|
| Day Care/After-School Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Preschool/Pre-K | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Head Start | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| *Pre-Kindergarten | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Kindergarten | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| First Grade | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Second Grade | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

*Transition Grades/Programs

Other _____

If yes to any of the above, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

11. Does this student speak English as a second language or have limited English proficiency?

☐ Yes ☐ No

If yes, does or has this student received ELL/LEP support services?

☐ Yes ☐ No

12a. Do you or the parents/guardians have reason to believe this student has a poor self-concept?

☐ Yes ☐ No ☐ Unsure at this time

If yes or unsure at this time, please comment:

12b. If the answer was "Yes" or "Unsure at this time" to question number 21a, do you or the parents/guardians believe this student's poor self-concept is directly related to the student's school difficulty?

☐ Yes ☐ No ☐ Unsure at this time

If yes or unsure at this time, please comment:

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

13. Check all intervention programs and services that have been tried with this student to date:

- | | |
|---|---|
| <input type="checkbox"/> Accelerated learning | <input type="checkbox"/> RtI Interventions |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Summer school(s) |
| <input type="checkbox"/> Special education | <input type="checkbox"/> Literacy Services |
| <input type="checkbox"/> Private tutoring | <input type="checkbox"/> In-school tutoring |
| <input type="checkbox"/> ELL/LEP | <input type="checkbox"/> Speech/language support services |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

Please comment on the results of these interventions/programs and services: _____

Health/Well-Being
(Optional Questions)

Questions 14-31 cover what may be considered private family matters. Due to the extremely sensitive nature of these questions, confidentiality must be protected. Information provided by parents/guardians should only be available to the RtI team. **Parents/guardians are not required to answer any of these questions.**

14a. Is this student's physical development within the normal range for his/her age as determined by a physician?

☐ Yes ☐ No

If no, please comment: _____

14b. Do you or the parents/guardians think this student is physically: (check one)

- ☐ Average size for his/her age?
☐ Small for his/her age?
☐ Large for his/her age?

Comments:

Name(s) of the individual(s) who provided this information:

Date _____

Date _____

15. Does this student have serious medical problems, such as:

Diabetes? ☐ Yes ☐ No

Asthma? ☐ Yes ☐ No

Allergies? ☐ Yes ☐ No

Other? (please specify) _____

If yes to any of the above, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____
_____ Date _____

16. Has this student had any serious childhood illnesses such as:

Encephalitis? ☐ Yes ☐ No

Spinal meningitis? ☐ Yes ☐ No

Whooping cough? ☐ Yes ☐ No

Other? (please specify) _____

If yes to any of the above, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____
_____ Date _____

17. Has this student ever suffered a serious childhood accident?

☐ Yes ☐ No

If yes, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____
_____ Date _____

18. Has this child ever been exposed to toxic substances such as lead, pesticides, inhalants, etc.?

☐ Yes ☐ No

If yes, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____
_____ Date _____

19. Do you or the parents/guardians suspect this student has:

Vision problems? ☐ Yes ☐ No ☐ Unsure

Auditory problems? ☐ Yes ☐ No ☐ Unsure

If yes or unsure, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

20. Does this student have a serious physical disability?

☐ Yes ☐ No

If yes, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

21. Was this child's birth considered traumatic/difficult?

☐ Yes ☐ No

If yes, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

22. Was this child born with a low birth weight?

☐ Yes ☐ No

If yes, please check:

☐ Low birth weight (5.5 lbs. or less)

☐ Very low birth weight (approximately 3.5 lbs. or less)

Comments: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

23. Was this child born prematurely?

☐ Yes ☐ No

If yes, please check:

☐ Premature

☐ Extremely premature (approximately 25 weeks or less)

Comments: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

24. During the pregnancy, was the mother: (check all that apply)

A. ☐ Abusing drugs/alcohol?

B. ☐ Smoking/exposed to secondhand smoke?

C. ☐ Malnourished?

D. ☐ Exposed to toxic substances (i.e. lead, pesticides, inhalants, etc.)?

E. ☐ Experiencing extreme stress (i.e. traumatized by divorce, abuse, poverty, etc.)?

F. ☐ Other (please specify): _____

Please comment on any factors or circumstances checked: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

25. Has this child ever suffered from malnutrition?

☐ Yes ☐ No

If yes, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

26. Has this child had a traumatic experience such as: Someone close to the child has died?

☐ Yes ☐ No

The child has witnessed or has been the victim of a violent act?

☐ Yes ☐ No

The child's family was or is in crisis? (For example, going through a divorce)

☐ Yes ☐ No

Moving to a new home?

☐ Yes ☐ No

Someone close to the child was (or is) terminally ill or injured?

☐ Yes ☐ No

Other (please specify) _____

If yes to any of the above, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____
_____ Date _____

27a. Do you or the parents/guardians suspect this child may be suffering from depression?

☐ Yes ☐ No ☐ Unsure at this time

If unsure at this time, please comment: _____

27b. If the answer to questions number 38a was "Yes," what signs of depression does this child display?

Often seems sad ☐ Yes ☐ No

Does not seem to have fun or enjoy school ☐ Yes ☐ No

Does not want to participate in activities ☐ Yes ☐ No

Prefers to be alone ☐ Yes ☐ No

Lacks enthusiasm ☐ Yes ☐ No

Please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____
_____ Date _____

28. Have you or the parents/guardians noticed this student displaying any signs of emotional problems such as:

Frequent, uncontrollable outbursts? ☐ Yes ☐ No

Withdrawn, unable to relate to others? ☐ Yes ☐ No

Frequent lying to parents/guardians? ☐ Yes ☐ No

Other? _____

If yes, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

29. Do you or the parents/guardians think this student exhibits any serious behavior problems such as:

Frequent defiance of adults? ☐ Yes ☐ No

Aggressive/violent behavior towards others? ☐ Yes ☐ No

Frequent use of inappropriate language? ☐ Yes ☐ No

Other? (please specify) _____

If yes, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

30. Do you or the parents/guardians feel this student exhibits signs of social problems such as:

Being unable to make or keep friends? ☐ Yes ☐ No

Does not get along with his/her peer group? ☐ Yes ☐ No

Has difficulty sharing/taking turns? ☐ Yes ☐ No

Tends to say or do inappropriate things? ☐ Yes ☐ No

If yes, please comment: _____

Name(s) of the individual(s) who provided this information:

_____ Date _____

_____ Date _____

31. What other issues should the child study team consider (siblings, is this a foster child, etc.)?

End of Optional Health/Well-Being Questions

32. Is child involved in the decision?

☐ Yes ☐ No ☐ Not appropriate at this age

How does he/she feel about it? _____

33. How does the parents/guardians feel about having their child remain at the same grade level for an additional year?

- ☐ They support their child remaining at the same grade level an additional year.
- ☐ They are unsure at this time about having their child remain at the same grade level an additional year.
- ☐ They are opposed to having their child remain at the same grade level an additional year.

Comments: _____

Retention/Promotion Intervention Plan

Action Step 6: The SRRT completes page 1 of the Retention/Promotion Intervention Plan. If recommendation is for promotion, the team completes the Promotion Intervention Plan (PIP) found on page 2. If the team will be requesting retention, the team completes the Retention Intervention Plan (RIP) found on page 3. This must be submitted to the DRRT. (May)

Retention/Promotion Intervention Plan

Student Intervention: Completed by SRRT **Date:** _____

Student Name: _____ **Grade Level:** _____ **DOB:** _____

Teacher(s) submitting form: _____

| Strengths | Challenges |
|-----------|------------|
| | |

Specify student concerns:

Promotion Interventions Plan (PIP) - To be completed by the school's Rtl team to support a student who will be promoted.

Student Name: _____ **Date:** _____

| | |
|---|---|
| <p>Goal: _____ _____ Interventions: _____ _____ _____ _____ _____ Implemented by: _____ Title/Role: _____</p> | <p>Progress Review</p> <p>Date: _____</p> <p>Comments: _____ _____ _____ _____ _____</p> |
| <p>Goal: _____ _____ Interventions: _____ _____ _____ _____ _____ Implemented by: _____ Title/Role: _____</p> | <p>Progress Review</p> <p>Date: _____</p> <p>Comments: _____ _____ _____ _____ _____ _____</p> |
| <p>Goal: _____ _____ Interventions: _____ _____ _____ _____ _____ Implemented by: _____ Title/Role: _____</p> | <p>Progress Review</p> <p>Date: _____</p> <p>Comments: _____ _____ _____ _____ _____ _____</p> |

Retention Intervention Plan (RIP) – To be completed to support a student who will be retained.

Student _____ Date _____

| | |
|---|---|
| <p>Goal: _____ _____ Interventions: _____ _____ _____ _____ _____ Implemented by: _____ Title/Role: _____</p> | <p>Progress Review</p> <p>Date: _____</p> <p>Comments: _____ _____ _____ _____ _____ _____</p> |
| <p>Goal: _____ _____ Interventions: _____ _____ _____ _____ _____ Implemented by: _____ Title/Role: _____</p> | <p>Progress Review</p> <p>Date: _____</p> <p>Comments: _____ _____ _____ _____ _____ _____</p> |
| <p>Goal: _____ _____ Interventions: _____ _____ _____ _____ _____ Implemented by: _____ Title/Role: _____</p> | <p>Progress Review</p> <p>Date: _____</p> <p>Comments: _____ _____ _____ _____ _____ _____</p> |

Final Retention Decision Forms

Action Steps 7 & 8: The SRRT completes pages 1 and submits to the DRRT along with: Retention/Promotion Checklist, Retention/Promotion Intervention Plan, and the completed Light's Retention Scale. The DRRT will consider all this information, the Skyward online gradebook, and the Rtl data in the Data Warehouse when making the final decision. Please make sure all grades and progress monitoring data are updated and accurate. (May) The DRRT will complete page 2 and return to the SRRT.

RETENTION REQUEST FORM

The School Retention Review Team recommends that _____ be considered for retention at his / her present grade level, _____ for the 20____-20____ school year. Listed below are reasons for this recommendation:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Light's Retention Scale Score (0-89) [see interpretation guidelines / Form B] _____

The District Retention Review Team will confer, review this request and make a decision concerning this request.

| SRRT Members: | Date(s) of Meetings | _____ |
|---------------|---------------------|----------------------|
| _____ | _____ | (Building Principal) |
| _____ | _____ | _____ |
| _____ | _____ | Date |
| _____ | _____ | |

DISTRICT RETENTION REVIEW TEAM DECISION ON RETENTION

It is the recommendation of the District Retention Review Team that _____
_____ will/will not be retained in grade _____ for the school year 20__-20__ school year.

Listed below are the factors related to this decision:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Light's Retention Scale Score (0-89) [see interpretation guidelines / Form B1] _____

DRRT Chairperson

Date

Parent Forms

Action Step 10: These forms are to be completed by the building principal and classroom teacher and given to the parents.

RETENTION NOTIFICATION FORM

Student Name: _____ **Grade:** _____

Age: _____ **School:** _____

After careful review of the school performance and assessments data of the above named student, this school's District Retention Review Team (DRRT) is recommending retention for him/her.

- Your child will/will not be retained for an additional year in grade _____
_____ for the _____ school year.

Teacher's Signature: _____ **Date:** _____

Comments: _____

- I have been notified of this retention/promotion decision.

Principal's Signature: _____ **Date:** _____

Comments: _____

- I have been notified of the retention/promotion decision for my child.

Parent's Signature: _____ **Date:** _____

Comments: _____

RETENTION APPEAL FORM FOR PARENT/GUARDIAN

I, the parent/guardian of _____, a student at _____
_____ School, wish to appeal the decision to retain my child in grade _____
for the _____ school year.

- I understand that I have the burden of proving why the decision to retain should be overruled.
- I understand that this Retention Appeal Form must be submitted to the Superintendent or Superintendent designee within ten (10) days after receiving the final retention notification.
- Within 30 days of receiving this Appeal Form, the Superintendent/designee shall determine whether or not to overrule the District Retention Review Team (DRRT) decision. Prior to making this determination, the Superintendent/designee may meet with the appealing party and the DRRT. If the Superintendent/designee determines that the decision should be overruled, the DRRT decision shall be nullified. The decision of the Superintendent /designee shall be final.

Note: Attach any documents (e.g. test scores, grades, student work etc.) to support your appeal

Signature: _____
Parent/Guardian

Date: _____

Signature: _____
Parent/Guardian

Date: _____

Date of receipt in Superintendent's/Designee's office: _____