

Retention Accelerated Promotion Guide



Retention/Accelerated Promotion

This packet will guide you through the process that is to be implemented if a student is considered for grade level retention or advancing students to another grade level (accelerated promotion).

Included in this packet:

1. Retention/Accelerated Promotion Timeline
2. Notice of Possible Retention/Acceleration Accommodation Plan
3. CST Referral Form
4. Completed CST Meeting Data or Academic
5. Retention/Accelerated Promotion Conference Summary
6. Retention Appeal Form

This process includes a series of meetings that include parents, teacher(s), relevant specialists and student (if appropriate) that should be held and documented on the Academic Accommodation Plan through the Child Study Team Process (CST). Strategies for the plan may be the responsibility of the school, parents and/or student. Members of the team, including parents need to sign the plan. A copy of the Academic Accommodation Plan should be given to the parents with the original retained in the student's cumulative file. A referral to the CST team should take place by the end of the 1st quarter. Parents will be notified of the CST referral during the regularly scheduled parent/teacher conferences. Formal written notice on the Parent Notice of Possible Retention Form should be sent to the parents 4-6 weeks after the Academic Accommodation Plan is in place. The principal/dean must attend the meeting when parents are given notice of possible retention. Subsequent meeting at the end of the 2nd and 3rd quarter are designed to review the student's progress and make revisions to the Academic Accommodation Plan.

The CST Summary form should be completed and the original placed in the student's cumulative file. Parents will receive a copy.

If a student is identified for retention after the first semester, the CST process will be followed. The CST referral and meeting plans will be implemented. All steps and intervention strategies must be implemented and monitored through the CST process. Notification procedures must be followed. The principal will forward the supporting documentation collected through the CST process along with the Release and Appeal forms to the Executive Director and RDO.

A final meeting is to be scheduled to determine whether the student has demonstrated the targeted levels of proficiency agreed upon in the CST Meeting Plan and to determine placement. If the parents do not agree with the team recommendation, they should be given the Appeal Form and sign the release. This process and the accompanying documents are designed to keep the decision making process based on data and student progress and, at the same time, yield information that can be used to plan for the student's subsequent year in school.



Guidelines

Students will normally progress from grade to grade. However, when data indicates that retention or accelerated promotion is in the best interest of a student's academic progress, there needs to be close cooperation and communication between the parents and appropriate school personnel. Each child considered for retention or accelerated promotion will be given individual consideration through the CST process and the decision will be made only after careful review of all data related to the student's growth and development. Initial notifications to parents should NOT be made via email or Dojo.

In accordance with state law, teachers make the recommendation for retention. Accelerated promotion of students must receive final approval at the Executive Director level. Decisions for kindergarten through eighth-grade students should be based on the following criteria:

1. A student's academic achievement
2. Attendance/discipline records
3. Standardized and alternative assessment results, and
4. Any other information considered pertinent to the recommendation including age, educational history or health/medical issues.
5. Physical and social indicators (i.e., participation in school activities, interactions with peers, etc.)

Measures of student achievement include grades. A student successfully completes a course/subject if she/he earns a "meets" in grades K-2 and at least a grade of "C" in grades 3-8.

If a parent or legal guardian chooses not to accept the teacher's decision to promote or retain a student, the parent or legal guardian may file an official appeal. **Only the School Board may overturn the teacher's decision.**

Should the board overturn the teacher's decision, the teacher is automatically released of all liability for actions done in good faith relating to the child's promotion or retention.

Retention Timeline

WHEN	WHAT	WHO (Copies)
1 st Quarter or beginning of school year or upon enrollment according to special circumstances	Principal notified Initiate the CST process <i>CST Referral Form submitted and CST Meeting Data developed at initial CST meeting</i> *Recommendation for Accelerated Promotion with copies of all data utilized sent to Executive Director for approval	Cumulative File Parent/Guardian
2 nd Quarter	Principal notified Conference set with the CST Team Review & update CST Meeting Data Plan Quarterly Review completed Provide notice of possible student retention at the first parent teacher conference *Recommendation for Accelerated Promotion with copies of all data utilized sent to Executive Director for approval	Cumulative File Parent/Guardian
3 rd Quarter	Principal notified Conference set with the CST Team Review & update CST Meeting Data Plan Quarterly Review completed *Recommendation for Accelerated Promotion with copies of all data utilized sent to Executive Director for approval	Cumulative File Parent/Guardian
15 days prior to the last day of school	Principal notified Conference set Final conference to determine placement to include the CST Team Quarterly Review completed Complete review of CST Meeting Data and results Provide parents with: <ul style="list-style-type: none"> • Retention/Promotion Policy • Completed Retention/Accelerated Promotion • CST Meeting Data Review • Retention/Acceleration Promotion Final Recommendation • Promotion/Retention Appeal Form 	Cumulative File Parent/Guardian



Accelerated Promotion Process Timeline

(Accelerated Promotion refers to age-appropriate placements or other special circumstances)

WHEN	WHAT	WHO (Copies)
Beginning of school year or Upon enrollment or According to special circumstances	<ul style="list-style-type: none"> • Principal notified by teacher, office staff or parent • <i>Notice of Possible Accelerated Promotion</i> sent to parent • Conference scheduled w/team (*) and parent • CST Team will develop <i>Academic Accommodation Plan</i> or • CST Team will complete the <i>Final Recommendation</i> form • Parent provided with copy of <i>Notice of Possible Accelerated Promotion, Academic Accommodation Plan</i> and <i>Promotion/Retention Policy</i> • Depending on the circumstances, the parent may also be provided with <i>Final Recommendation form, Promotion/Retention Appeal form, Promotion/Retention Release form</i> 	Cumulative File Parent/Guardian
Within 4 ½ weeks of initial conference	<ul style="list-style-type: none"> • Principal notified by teacher • Conference scheduled w/team and parent • CST Team will revise <i>Academic Accommodation Plan</i> • CST Team completes <i>Quarterly Review</i> form • CST Team will complete the <i>Final Recommendation</i> form • Parent provided with revised <i>Academic Accommodation Plan</i> and <i>Quarterly Review form</i> • Depending on the circumstances, the parent may also be provided with <i>Final Recommendation form, Promotion/Retention Appeal form</i> and <i>Promotion/Retention Release form</i> 	Cumulative File Parent/Guardian
Within 4 ½ weeks of second review	<ul style="list-style-type: none"> • Principal notified by teacher • Conference scheduled w/team and parent • CST Team will revise <i>Academic Accommodation Plan</i> • CST Team completes <i>Quarterly Review</i> form • CST Team will complete the <i>Final Recommendation</i> form • Parent provided with revised <i>Academic Accommodation Plan</i> and <i>Quarterly Review form</i> • Depending on the circumstances, the parent may also be provided with <i>Final Recommendation form, Promotion/Retention Appeal form</i> and <i>Promotion/Retention Release form</i> 	Cumulative File Parent/Guardian
Within 4 ½ weeks of third review	<ul style="list-style-type: none"> • Principal notified by teacher • Conference scheduled w/team and parent • CST Team will revise <i>Academic Accommodation Plan</i> • CST Team completes <i>Final Recommendation form</i> • Parent provided with <i>Final Recommendation form, Promotion/Retention Appeal form, Promotion/Retention Release form</i> • <i>Final Recommendation form</i> is sent to Executive Director and RDO 	Cumulative File Parent/Guardian

**CST Team Members might include: administrators, counselors, teachers, PBIS/CST team members, specialists (reading, math, social studies, science and gifted education specialists), parents and students.*



NOTICE OF POSSIBLE STUDENT RETENTION

Dear Parent/Guardian:

As you know, your child’s success in school is of utmost importance. We are committed to providing your child with a support system that will assist him/her in meeting his/her academic, social and emotional potential in the school setting. Our support system includes developing an:

- CST Meeting Data Form

In order to develop the intervention plan, we have scheduled a conference with

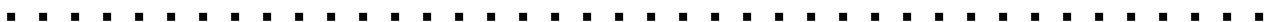
_____ at _____ to discuss the following
(Teacher/Administrator) *(School)*

areas of concern for _____
(Student)

- Reading
- Writing
- Mathematics
- Science
- Social Studies
- Special Areas
- Other

We look forward to the opportunity to work in partnership with you in order to provide your child with strategies and interventions that will increase his/her success.

Please complete the bottom portion of this notice and return a copy to the teacher to verify that you have received this information regarding the possibility of retention.



I have received written notice of my child’s possible retention.

- I will attend the conference at the date and time indicated above.
- I will call the school office to reschedule the conference.

Parent Signature

Date



NOTICE OF POSSIBLE STUDENT ACCELERATED PROMOTION

Dear Parent/Guardian:

As you know, your child’s success in school is of utmost importance. We are committed to providing your child with a support system that will assist him/her in meeting his/her academic, social and emotional potential in the school setting.

In order to complete the review, we have scheduled a meeting for _____
(Date)

at _____
(Time)

We look forward to the opportunity to work in partnership with you in order to provide your child with the most beneficial educational setting.

Please complete the bottom portion of this notice and return a copy to the teacher to verify that you have received this information regarding the possibility of retention.



I have received written notice of my child’s possible promotion.

- I will attend the conference at the date and time indicated above.
- I will call the school office to reschedule the conference.

Parent Signature

Date

ACADEMIC ACCOMMODATION PLAN

Student's Name: _____

The Dysart Unified School District #89 is responsible for the educational placement of all its students. Every effort will be made to ensure that each student will receive appropriate educational services in accordance with his/her academic, social and emotional development.

Retention and accelerated promotion decisions will be made on an individual basis. If the teacher determines that your son/daughter has not met grade level competencies and recommends retention, then the decision can be appealed to the District Administration and the Governing Board.

A variety of educational interventions will be attempted and documented for each student before the option of retention or accelerated promotion is recommended.

Targeted Academic Areas:

Mathematics

Specific skills needing remediation/enrichment include:

Intervention Strategies:

- Language Arts
- Reading
- Writing

Specific skills needing remediation/enrichment include:

Intervention Strategies:

Science

Specific skills needing remediation/enrichment include:

Intervention Strategies:

Social Studies

Specific skills needing remediation/enrichment include:

Intervention Strategies:

Technology

Specific skills needing remediation/enrichment include:

Intervention Strategies:

Other Subject Area _____

Specific skills needing remediation/enrichment include:

Intervention Strategies:



We have reviewed the Academic Accommodations Plan and are in agreement with its contents.

<i>Role</i>	<i>Signature</i>	<i>Date</i>
Parent		
Parent		
Teacher		
Teacher		
Principal		
Other		
Other		
Other		

Retention/Accelerated Promotion Accommodation Plan Quarterly Review

2nd Review		
Summary:		
Student demonstrating minimum competency to plan? Yes No		
Revisions to Accommodation Plan:		
Teacher's Recommendation:		
Role	Signature	Date

3rd Review		
Summary:		
Student demonstrating minimum competency to plan? Yes No		
Revisions to Accommodation Plan:		
Teacher's Recommendation:		
Role	Signature	Date

To be filled by the teacher prior to meeting with the CST Team.

GENERAL INFORMATION	Name of Student: _____ Date: _____ Age: _____ Birthdate: _____ Gender: _____ Grade: _____ Parent/Guardian: _____ Address: _____ Home Phone: _____ Work Phone: _____ Primary Language of the Student: _____
ATTENDANCE	Days Absent: _____ (This Year) _____ (Last Year) Grades Repeated: _____ Days Tardy: _____ (This Year) _____ (Last Year) Is attendance being affected by any medical issues? <input type="checkbox"/> Yes <input type="checkbox"/> No Days Suspended: ISS _____ OSS _____
CONTACT	How and when was parent/guardian notified that student is being referred to the CST: Date of Notification _____ <input type="checkbox"/> In Person <input type="checkbox"/> Phone
REFERRAL	Referred by: _____ Reason for Referral (Primary Concern): _____ Academic _____ Behavioral (Check both if they apply) 1. Please describe the specific concerns prompting this referral. List any academic, social, emotional, or medical factors that negatively impact the student's performance. _____ _____ _____ 2. How does this student's academic skills compare to others in your classroom? <input type="checkbox"/> Above Grade level <input type="checkbox"/> At Grade Level <input type="checkbox"/> Below Grade Level _____ _____ 3. In what settings and/or situation does the problem occur most often? _____ _____ 4. In what settings and/or situation does the problem occur least often? _____ _____

STUDENT INFO	<p>1. What are the students' strengths, talents and/or interests?</p> <ul style="list-style-type: none"> • _____ • _____ • _____
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REPORT CARD		1 st Quarter Grades	2 nd Quarter Grades	3 rd Quarter Grades	4 th Quarter Grades	Additional Comments:
	Reading					
	Writing					
	Math					
	Science/Grammar and Writing					

45 DAY SCREENER	<input type="checkbox"/> Not Critical <input type="checkbox"/> Critical (Explain: _____)	Vision and Hearing Screener	Hearing: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Vision: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
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AZMERIT 17-18 SY	Math	MP	PP	Proficient	HP	Score: _____
	Reading	MP	PP	Proficient	HP	Score: _____
	Writing	MP	PP	Proficient	HP	Score: _____

NWEA MAP		Fall	Winter	Spring
	Reading			
	Math			

GALILEO		#1	#2	#3
	Reading			
	Math			

Lexia		#1	#2	#3
	Reading			
	Math			

LEXILE LEVEL		Fall	Winter	Spring
	Reading			

STOP
The following sections will be completed during the CST Meeting.

CST Meeting Data

Intervention information

Date of Meeting: _____

Begin Date: _____ (CST check-in: _____) Person Responsible: _____

What intervention will be implemented?

What is the goal of this intervention?

How will you measure whether or not the goal has been met

Check-in Date: _____

What were the outcomes of this intervention?

What are the next steps?

Parent/Guardian notified of outcome:

Date of Notification _____ In Person Phone E-mail/Dojo Other: _____

CST Meeting Data

Intervention information

Date of Meeting: _____

Begin Date: _____ (CST check-in: _____) Person Responsible: _____

What intervention will be implemented?

What is the goal of this intervention?

How will you measure whether or not the goal has been met

Check-in Date: _____

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CST Meeting Data

Date of Meeting: _____

Begin Date: _____ (CST check-in: _____) Person Responsible: _____

What intervention will be implemented?

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How will you measure whether or not the goal has been met

Intervention information

Check-in Date: _____

What were the outcomes of this intervention?

What are the next steps?

Parent/Guardian notified of outcome:

Date of Notification _____ In Person Phone E-mail/Dojo Other: _____

Intervention information

Date of Meeting: _____

Begin Date: _____ (CST check-in: _____) Person Responsible: _____

What intervention will be implemented?

What is the goal of this intervention?

How will you measure whether or not the goal has been met

Check-in Date: _____

What were the outcomes of this intervention?

What are the next steps?

Parent/Guardian notified of outcome:

Date of Notification _____ In Person Phone E-mail/Dojo Other: _____

Summary:

Student demonstrating minimum competency on plan

Yes
No

Teacher's Recommendation:

CST Team Signatures

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Regional Use ONLY

Executive Director Review

Date:

APPROVE DENY

Signature:



Accelerated Promotion/Retention Appeal Form

School: _____

Student's Name: _____ Grade: _____

Teacher's Name: _____

PARENT(S)/GUAF DIAN(S)

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Parent(s)/Guardian(s): Please state as factual as possible any and all pertinent data to support your appeal. Use space below. If additional sheets are required, please attach to this form.

Parent/Guardian Signature: _____

Date: _____



PARENT(S)/GUARDIAN(S)

I, the undersigned, choose **NOT** to accept the decision of _____ at
(Teacher)

_____ to Promote or Retain _____ .
(School) (Circle One) (Student)

I hereby release _____ of all liability for actions done in good faith
(Teacher)

pertaining to the promotion or retention
of _____
(Student)

I understand that this release shall not be construed to release the school district from any liability relating to the promotion or retention of _____ .
(Student)

Parent/Guardian Signature: _____

Date: _____



RETENTION/ACCELERATED PROMOTION CONFERENCE SUMMARY

STUDENT'S FULL NAME: _____ DATE OF MEETING: _____

D.O.B: _____ SCHOOL: _____ STUDENT ID #: _____

PERSONS IN ATTENDANCE:

_____	_____
_____	_____
_____	_____

FOLLOW-UP ACTIVITIES: