

I-8: Grade Retention / Advancement Request

 Retention Request Advancement Request

Student Name: _____ Date of Birth: _____

Student Number: _____ School: _____ Date of Request: _____

Current Grade: _____ Retention/Advancement Grade: _____

 ELL Services (level): _____ Special Education (classification): _____ Other: _____

Dates of Student Services Committee Meetings: _____

Academic Data (Curriculum-based measures, tests, benchmark assessments, report cards, responses, etc.):

<u>Date</u>	<u>Data</u>
_____	_____
_____	_____
_____	_____

Specific interventions data (intervention and responses to targeted instruction):

<u>Date Range</u>	<u>Data</u>
_____	_____
_____	_____
_____	_____

Social, emotional, or physical maturity:

Attendance:

Other pertinent information:

Please list and attach data used to make this request as per Policy I-8

REQUIRED SIGNATURES

My signature indicates that I agree or disagree with the Retention / Advancement request:

 Agree Disagree Parent: _____ Date: _____

 Agree Disagree Teacher: _____ Date: _____

 Agree Disagree SSC Chair: _____ Date: _____

 Agree Disagree Principal: _____ Date: _____

 Agree Disagree Other: _____ Date: _____

 Agree Disagree Director Special Ed: _____ Date: _____

Attach all data and submit to Student Services

 Approve Deny Director Student Services: _____ Date: _____

 Approve Deny Executive Director Educational Equity and Student Support: _____ Date: _____