

**Waiver of Retention
Grades 2-8**

A waiver of the Promotion/Retention Policy is granted for _____.
(Student's Name)

This waiver has been granted on the basis of the following criteria.

Both of the criteria listed below must be met. Indicate they have been met by a check.

_____ The student has participated in a minimum of 50 hours of interventions provided by the District. Please list interventions and hours: _____

_____ The student will attend summer school.

One or more of the following must be met. Please check all which apply.

_____ The student is motivated and puts forth effort to complete the assignments but has a very difficult time achieving grade level standards.

_____ The student is a special education student and the IEP designates the expected I levels of performance and achievement;

_____ The student is not qualified for special education but has a very difficult time achieving grade level standards and is working at capacity;

_____ The student is designated as LEP and has a very difficult time achieving grade level standards but is working at capacity;

_____ The student enrolled in the District after January 1st and is believed to be capable of doing grade level work;

_____ The student has achieved a 50% or above on District standards-based benchmark assessments and has met grade level requirements, but did not meet the attendance requirement due to special circumstances;

_____ The student has been retained in the past.

_____ Other (please specify) _____

Recommendations for interventions other than retention: _____

(Teacher's Signature)

(Principal's Signature)

(School)

(Grade)

(Date)

CENTRAL UNION SCHOOL DISTRICT

E 5123 (b)

Conditional Promotion

The promotion of ___ is contingent on successful completion of Central Union School District's summer school program.

The student's academic performance shall be reassessed at the end of the summer school program. The decision to retain or promote the student shall be reevaluated at that time by the summer school teacher and the summer school principal.

(Teacher's Signature)

(Principal's Signature)

(School)

(Grade)

(Date)

Student Data Prior To Summer School

Student's	Student's	Student's	Reason For Conditional Promotion				
Last Name	First Name	Grade	Attendance	Grades	At Risk Proficiency Score		
			Indicate Number of Absences	GPA	RLA	Math	Writing

Summer School Assessment

Student's	Student's	Student's	Reason For Conditional Promotion				
Last Name	First Name	Grade	Attendance	Grades	At Risk Proficiency Score		
			Indicate Number of Absences	GPA	RLA	Math	Writing
				<input type="checkbox"/> Met	<input type="checkbox"/> Not Met		

It is the decision of the summer school teacher and the summer school principal that ___ shall be retained or promoted for the following school year. This decision is based upon the following criteria:

- regular attendance in summer school
- achievement of 50% or above on District standards-based benchmark assessments during summer school testing.
- effort was displayed to improve students Grade Point Average (GPA) Grades 4-8.

(Summer School Teacher's Signature)

(Summer School Principal's Signature)

(Student's School)

(Date)

CENTRAL UNION SCHOOL DISTRICT

E 5123 (c)

Promotion/Retention Policy

Parent Notification

Dear Parents of _____:

This letter is to inform you of your child's progress. Your child's teacher has determined that your child is at-risk for retention based on the following criteria:

- _____ 1. Is not meeting promotion/retention benchmark requirements in _____.
(subjects)
- _____ 2. Is not meeting grade point average or grade level requirements in _____.
(subjects)
- _____ 3. Is not meeting attendance requirements.

The following interventions have been provided for your child:

- _____ 1. Individual instruction in the classroom.
- _____ 2. Assistance before or after school or during the lunch break.
- _____ 3. Small group instruction.
- _____ 4. Intervention class.
- _____ 5. After school program.
- _____ 6. Saturday school.
- _____ 7. Other _____

A written plan will be developed for your child at a parent conference on _____ at _____.

It is very important that you attend this conference so we can all work together to assist your child. Please refer to the Promotion/Retention Policy included with this letter. If you have further questions or need to reschedule the conference, please contact the school.

Sincerely,

Principal

CENTRAL UNION SCHOOL DISTRICT

Promotion/Retention

Written Plan

Student's Name:	DOB:	Age:	Grade:	Today's Date:
Parent/Guardian:		Teacher:		School:

Areas of Concern		Interventions	In Place	To be Done	Date Started
*** Not meeting promotion benchmarks 50% passing 70% proficient		1. Individual Instruction			
<i>(Percentage/trimester)</i>		2. Before school help			
		3. After school help			
READING SCORE		4. Small group instruction			
MATH SCORE		5. Benchmark Assessment Mentoring			
WRITING SCORE		6. After school program/tutoring			
***Not meeting GPA CURRENT LETTER GRADE		7. Lunch tutoring			
Reading		8. Saturday School			
Language Arts		9. Intersession			
Math		10. SST			
Social Studies		11. Regular Attendance			
Science		12. On time to school			
Overall GPA		13. Other:			
		14. Other:			
# of discipline tickets:		15. Other:			
*** Not meeting attendance requirements – 162 days out of 180		16. Other:			
Number of days absent					
Number of days suspended/expelled					
Number of days very tardy					
Number of days tardy					

Comments:

Parent/Guardian Signature/Date

Teacher's Signature/Date

Principal's Signature/Date

Member's Signature

CENTRAL UNION SCHOOL DISTRICT

E5123 (e)

Assessment of Reading Ability
Grades 2-3

Student's Name: _____ Grade Level: _____

School: _____

<i>Reading Assessment(s) Given</i>	<i>Results</i>
_____ Silvaroli	_____
_____ Lit Con	_____
_____ Houghton Mifflin leveled Reading Passages Assessment	_____
_____ QRI 2 (Qualitative Reading Inventory)	_____
_____ (Other Approved Reading Test)	

Comments:

(Teacher's Signature)

(Date)

CENTRAL UNION SCHOOL DISTRICT

E 5123 (g)

*Students At-Risk For Retention
Summary Form*

(Please print)

Student's Name	Gender	Ethnicity	Content Area	Supplemental Instruction/Intervention	Total # of hrs.
1.			<i>Reading</i>		
			<i>Language</i>		
			<i>Math</i>		
2.			<i>Reading</i>		
			<i>Language</i>		
			<i>Math</i>		
3.			<i>Reading</i>		
			<i>Language</i>		
			<i>Math</i>		
4.			<i>Reading</i>		
			<i>Language</i>		
			<i>Math</i>		
5.			<i>Reading</i>		
			<i>Language</i>		
			<i>Math</i>		

School _____

School Year _____ Grade Level _____

Teacher's Name _____
(Print)

Teacher's Signature _____

Date _____

Principal's Signature _____

*** *This form will be given to the principal at the close of the school year.*