

Kenai Peninsula Borough School District
Retention/Acceleration

School _____ Teacher _____ Grade _____ Date _____

<u>Student Name</u> _____	<u>Academic Abilities (Read/Math/Lang. Arts)</u> _____ _____ _____ _____ _____	<u>*Intervention</u> <input type="checkbox"/> a, <input type="checkbox"/> b, <input type="checkbox"/> c, <input type="checkbox"/> d, <input type="checkbox"/> e, <input type="checkbox"/> f, <input type="checkbox"/> g	<u>Parent Notified</u> Date _____
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- *Interventions:
- | | |
|---------------------------|-----------------------------|
| (a) Motivation Strategies | (e) Teacher Change |
| (b) Intervention Team | (f) Tutor/Special Services |
| (c) Parent Involvement | (g) Light's Retention Score |
| (d) Regrouping | (h) Other _____ |

Additional comments or attach related data

Monthly meeting to monitor intervention strategies

Date	Attendees	Notes

Building Administrator Signature

Intervention Chair Signature