

# Kenai Peninsula Borough School District Retention/Acceleration

E 5123

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

<u>Student Name</u>	<u>Academic Abilities (Read/Math/Lang. Arts)</u>	<u>*Intervention</u>	<u>Parent Notified</u>
_____	_____	<input type="checkbox"/> a, <input type="checkbox"/> b, <input type="checkbox"/> c,	Date _____
<b>Student ID</b>	_____	<input type="checkbox"/> d, <input type="checkbox"/> e, <input type="checkbox"/> f,	
_____	_____	<input type="checkbox"/> g	
<b>Student DOB</b>	_____		
_____	_____		

- \*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

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Monthly meeting to monitor intervention strategies

Date	Attendees	Notes

\_\_\_\_\_  
Building Administrator Signature

\_\_\_\_\_  
Intervention Chair Signature

**District Office Approved:**  YES  NO

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Approved by: \_\_\_\_\_