

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> <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 _____
<u>Student ID</u> _____	_____		
<u>Student DOB</u> _____	_____		

- *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

District Office Approved: YES NO

Approved by: _____

Revised 7/1/2019