Kenai Peninsula Borough School District
Retention/Acceleration

E5123

Student Name Your text here.	Student ID Your text here.	Student Date of Birth Your text here.
Grade Your text here.	School Your text here.	Light's Retention Scale Score Your text here.
What data and observations initially prompted the team's discussion of the student's placement for next school year? Your text here.		

Assessment Information *(Attach or record most recent standardized, diagnostic, and curriculum-based test scores.)*

mClass	Your text here.
MAP	Your text here.
AK Star	Your text here.
Other	Your text here.

Describe interventions implemented.

☐Motivation strategies ☐Regrouping ☐Teacher change ☐Small group/1:1 instruction
☐Classroom accommodations ☐Pre-teaching/Reteaching ☐Behavior Intervention Plan/Contract
☐Attendance intervention ☐Increased parent communication ☐At home learning resources provided

Additional Comments regarding interventions implemented.

Your text here.

Provide an overview of the student's current status in the following areas:

Academic – grade level standards, work habits, growth trajectory, etc. Your text here.
Behavior – engagement, independence, classroom conduct, etc. Your text here.
Social Emotional – peer interactions, maturity, self-regulation, etc. Your text here.

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Monthly meetings are required after the initial recommendation for retention/acceleration is made.
Document monthly meetings to monitor the student and interventions *(add more rows as needed)*

Date	**Attendees (name and role)**	**Meeting Discussion Notes**	**Meeting Result**
Initial Discussion/Meeting Date Date	Your text here.	Your text here.	Your text here.
Date	Your text here.	Your text here.	Your text here.
Date	Your text here.	Your text here.	Your text here.
Final Discussion/Meeting Date Date	Your text here.	Your text here.	Your text here.

Intervention Team Recommendation:

☐ *RECOMMEND RETENTION* – Retain student in grade____for the upcoming school year.

☐ *RECOMMEND ACCELERATION* – Advance student to grade____for the upcoming school year.

☐ *NO ACTION* – Maintain standard grade-level progression to grade ____ for the upcoming school year.

Intervention Team Coordinator Name Your text here.	Signature
Building Administrator Name Your text here.	Signature
Assistant Superintendent Signature	☐ Recommendation of iTeam Approved ☐ RECOMMEND RETENTION (retain) ☐ RECOMMEND ACCELERATION (advance) ☐ NO ACTION (maintain) ☐ Recommendation of iTeam Denied

NOTE:

- By February 1, students considered for retention or acceleration are reported to Student Support Services.
- By May 1, the following documents are sent to Student Support Services:
    - Completed form E5123 for each student listed on the February 1 reporting form.
    - Parent letter explaining decision for each student with Cc: PowerSchool Record and District Office – sent to parent AFTER district office approval is obtained.

Per AR 5123, all students approved for retention or acceleration must be monitored the following school year.