

# NAYTAHWAUSH COMMUNITY CHARTER SCHOOL RETENTION FORM

## PART A – PUPIL INFORMATION

PUPIL'S LEGAL NAME: \_\_\_\_\_ SCHOOL: Naytahwaush Community Charter School  
TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_ MARS NUMBER: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ GENDER: \_\_\_\_\_  
PARENT OR GUARDIAN: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

## PART B – STUDENT PROGRESS AND EVALUATION INFO

Complete the following information prior to convening the Promotion Review Team. The following criteria, if available, are to be considered, but not limited to, when evaluating student promotion/retention. Attach appropriate documents.

### 1. Academic Performance

MCA: Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_  
                  Yr/Gr Yr/Gr Yr/Gr Yr/Gr Yr/Gr Yr/Gr  
FAST MATH: \_\_\_\_\_ FAST READING: \_\_\_\_\_ FAST PHONICS: \_\_\_\_\_ FLUENCY: \_\_\_\_\_  
GUIDED READING LEVEL: \_\_\_\_\_ INTERVENTION SERVICE: \_\_\_\_\_  
TEACHER observation, informal assessments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Attendance Records

**3. Developmental Factors** - In addition to academic measures, promotion/retention decisions will be based on social, psychological, behavioral, emotional, language and physical development. Informal or formal assessment instruments may be used to assess development. (Attach as needed)

## PART C. PROMOTION REVIEW TEAM

The team will review each referred student's current performance stated in the criteria above including the interventions that have been used to help the student to be successful. The team will make recommendations about assistive programs, alternative placement or retention. The Promotion Review Team should consist of the student's teacher, the principal and student support team members.

### PROMOTION REVIEW TEAM:

REFERRING TEACHER \_\_\_\_\_  
PRINCIPAL \_\_\_\_\_  
STUDENT SUPPORT TEAM \_\_\_\_\_

### DOCUMENT YOUR STEPS BY RECORDING DATES FOR THE FOLLOWING:

PARENT CONFERENCE DATE (Suggested Nov) \_\_\_\_\_  
INTERVENTIONS BEGIN-END DATES \_\_\_\_\_  
FIRST PARENT LETTER (Suggested by Dec-Jan) \_\_\_\_\_  
INTERVENTIONS (See back of this page) \_\_\_\_\_  
WARNING LETTER (Suggested by March) \_\_\_\_\_  
**REVIEW TEAM RECOMMENDS** \_\_\_\_\_  
PARENT LETTER (from Principal) \_\_\_\_\_  
ADDITIONAL MEETINGS \_\_\_\_\_