

**Oak Ridge Schools**  
**Office of the Superintendent**



**Administrative Procedure 4.603**  
**Retention/Acceleration Referral Form**

February 5, 2020

## **Retention/Acceleration Referral Form**

Board Policy 4.603 Promotion and Retention states that students being considered for retention must be identified by February 1. The provided form will be used to document compliance with this board policy.

February 5, 2020



**OAK RIDGE SCHOOLS**  
**Referral for Retention/Acceleration**  
**Grades K-8**

**Recommendation for Consideration:**

Date: \_\_\_\_\_

Retention

Acceleration

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Previously Retained  Yes  No Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

**RECOMMENDED BY:** \_\_\_\_\_

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**Attendance:** Days Present \_\_\_\_\_ Days Absent \_\_\_\_\_ Days Tardy \_\_\_\_\_

**ATTACHED INFORMATION:**

- \_\_\_ Ability Scores (if available)
- \_\_\_ Standardized Test Scores (Last two years)
- \_\_\_ Report Card (Current year and last year, if available)
- \_\_\_ Report of Parent Contacts
- \_\_\_ Statement of Interventions
- \_\_\_ Light Retention Score
- \_\_\_ Other

**OAK RIDGE SCHOOLS**  
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**OTHER FACTORS CONSIDERED**

Check All That Apply:

Primary Reasons for Retention		Corrective Measures to be Implemented		Contributing Factors	
<input type="checkbox"/>	Math Skills	<input type="checkbox"/>	Individual Help	<input type="checkbox"/>	Attention Span
<input type="checkbox"/>	Reading Skills	<input type="checkbox"/>	Variety of Teaching Techniques	<input type="checkbox"/>	Frequent Change of Schools
<input type="checkbox"/>	Language Arts Skills	<input type="checkbox"/>	Remedial Assistance	<input type="checkbox"/>	Fine Motor Skills
<input type="checkbox"/>	Physical Size	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Gross Motor Skills
<input type="checkbox"/>	Social Maturity	<input type="checkbox"/>	Student Conference	<input type="checkbox"/>	Emotional Maturity
<input type="checkbox"/>	Opportunities and Experiences	<input type="checkbox"/>	Parent Conference	<input type="checkbox"/>	Other
<input type="checkbox"/>	Attendance due to health problems	<input type="checkbox"/>	Resource Room	<input type="checkbox"/>	
<input type="checkbox"/>	Parent Request	<input type="checkbox"/>	Counseling	<input type="checkbox"/>	
<input type="checkbox"/>	Student Effort to Complete Task	<input type="checkbox"/>	Tier Services	<input type="checkbox"/>	
<input type="checkbox"/>	Behavior	<input type="checkbox"/>	Tutor	<input type="checkbox"/>	
<input type="checkbox"/>	Student Data	<input type="checkbox"/>	ESL	<input type="checkbox"/>	
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

**Notification to Parent/Guardian**

Number of Notifications: \_\_\_\_\_

<input type="checkbox"/>	Telephone Call	Date(s):
<input type="checkbox"/>	Student Conference	Date(s):
<input type="checkbox"/>	Parent Conference	Date(s):
<input type="checkbox"/>	Progress Report	
<input type="checkbox"/>	Letter	Date(s):
<input type="checkbox"/>	Report Card	
<input type="checkbox"/>		
<input type="checkbox"/>		

**Describe attitudes, motivation, behavior:**

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**Describe any accommodations in instructional practices or assessment strategies that will be implemented to support student achievement:**

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# OAK RIDGE SCHOOLS

## Referral for Retention/Acceleration

Grades K-8

### Suggestions for home support:

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### Other Suggestions:

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### DISPOSTION

Parent Agrees with Recommendation  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Signatures of Participants:

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

School Psychologist: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

### Send completed forms to the Office of Pupil Services

Received by: \_\_\_\_\_ Date: \_\_\_\_\_