

Good Cause Exemption Documentation (LBPA)

Student Name: _____ Grade: _____ Notification sent to parents/guardians stating the student was identified with a reading deficiency and with each quarterly progress report. Date: _____ Date: _____ Date: _____ Date: _____	School: _____ Teacher: _____ Read-at-Home Plan sent to parents/guardians. Date: _____
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Good Cause Exemption Determination and Documentation	
The student qualifies for promotion based on the following good cause exemptions (check the appropriate exemption):	
	A. Limited English Proficient student who has less than two (2) years of instruction in an English Language Learner program
	B. Student with a disability whose Individualized Education Program (IEP) indicates that participation in the statewide accountability assessment program is not appropriate, as authorized under state law
	C. Student with a disability who participate in the state annual accountability assessment and who has an IEP <u>or</u> Section 504 Plan that reflects that the individual student has received intensive remediation in reading for two (2) years but still demonstrates a deficiency <u>or</u> was previously retained in Kindergarten, First, Second, or Third Grade
	D. Student who demonstrates an acceptable level of reading proficiency on an alternative standardized assessment approved by the State Board of Education
	E. Student who received intensive intervention in reading for two (2) or more years but still demonstrates a deficiency in reading and who was previously retained in Kindergarten, First, Second or Third Grade for a total of two (2) years and has not met exceptional education criteria.

Teacher requested and submitted Good Cause Exemption documentation to the principal. Date: _____	Principal reviewed and discussed recommendations with the teacher and parent. Date: _____	Principal submitted documentation to superintendent. Date: _____	Decision of Superintendent: Accept Reject Date: _____
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Instructions: Check if retained or promoted.

Decision: Retain Promote Based on Good Cause Exemption

Comments:

Completed by: _____ Position: _____ Date: _____

Parent/Guardian (Print) Signature Date

Teacher (Print) Signature Date

Principal (Print) Signature Date

Superintendent (Print) Signature Date

Student Data Collection Worksheet
Tier Process/Literacy-Based Promotion Act

Student Name: _____ School: _____ DOB: _____
 Grade: _____ Teacher: _____ Person Completing Form: _____

<p>Academic Area / Recent Grades</p> <p><input type="checkbox"/> Reading: _____</p> <p><input type="checkbox"/> Mathematics: _____</p> <p><input type="checkbox"/> Science: _____</p> <p><input type="checkbox"/> Social Studies: _____</p> <p><input type="checkbox"/> Spelling: _____</p> <p><input type="checkbox"/> Language Arts: _____</p>	<p>Behavior</p> <p>Check if documentation of the following is available.</p> <p><input type="checkbox"/> Social Emotional Issues: _____</p> <p><input type="checkbox"/> Discipline Record: _____</p> <p><input type="checkbox"/> Total Number of Discipline Reports: _____</p> <p><input type="checkbox"/> Total Number of Suspensions: _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> In School: _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Out of School: _____</p> <p><input type="checkbox"/> Additional Behaviors that may impact academic performance: _____</p>
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<p>Attendance</p> <p>School Year: _____</p> <p>Days Present: _____</p> <p>Days Absent: _____</p> <p>List all schools attended.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>State Testing Results</p> <p style="text-align: center;">MCT2/MCT3</p> <p>Grade: _____ LA: _____</p> <p>Math: _____</p> <p>3rd Grade Summative Reading Assessment Scores:</p> <p>1st attempt: _____</p> <p>Pass: _____ Fail: _____</p> <p>1st Retest: _____</p> <p>Pass: _____ Fail: _____</p> <p>2nd Retest: _____</p> <p>Pass: _____ Fail: _____</p>	<p>Screening</p> <p>Hearing: Date _____</p> <p>Pass: _____ Fail: _____</p> <p>Vision: Date _____</p> <p>Pass: _____ Fail: _____</p> <p>Re-check: Date _____</p> <p>Pass: _____ Fail: _____</p> <p>Universal Screening</p> <p>Reading Screener: _____</p> <p><input type="checkbox"/> Fall: _____ / _____</p> <p style="text-align: center;">Score/Date</p> <p><input type="checkbox"/> Winter: _____ / _____</p> <p style="text-align: center;">Score/Date</p> <p><input type="checkbox"/> Spring: _____ / _____</p> <p style="text-align: center;">Score/Date</p> <p>Math Screener: _____</p> <p><input type="checkbox"/> Fall: _____ / _____</p> <p style="text-align: center;">Score/Date</p> <p><input type="checkbox"/> Winter: _____ / _____</p> <p style="text-align: center;">Score/Date</p> <p><input type="checkbox"/> Spring: _____ / _____</p> <p style="text-align: center;">Score/Date</p> <p>Behavior Screener: _____</p> <p><input type="checkbox"/> Fall: _____ / _____</p> <p style="text-align: center;">Score/Date</p> <p><input type="checkbox"/> Winter: _____ / _____</p> <p style="text-align: center;">Score/Date</p> <p><input type="checkbox"/> Spring: _____ / _____</p> <p style="text-align: center;">Score/Date</p>						
<p>Retention: Yes: ___ No: ___</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 15%;">Grade</th> <th style="width: 15%;">School Year Retained</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Grade	School Year Retained	_____	_____	_____	_____	<p>Check if Special Population</p> <p><input type="checkbox"/> Special Education</p> <p><input type="checkbox"/> 504</p> <p><input type="checkbox"/> ELL</p> <p><input type="checkbox"/> Other: _____</p>	<p>Tier II Reading Intervention(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Tier II Data Attached:</p> <p>Yes: _____ No: _____</p>
Grade	School Year Retained							
_____	_____							
_____	_____							

**Intensive Intervention Documentation
Tier III/Third Grade Retention/Good Cause Exemption**

School:
Teacher:
School Year:

Student:	Grade level	MSIS Number
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Gender:	Ethnicity:	
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Check the information below only if documentation is attached to support Implementation.

Teacher Support Team (TST) Referral Date: _____

Deficit Area(s) Identified based on data: _____

Intervention Start Date (must be made within 2 weeks of referral): _____

1st Documented Review Date _____
(completed no later than 8 weeks after starting intervention):

Progress Monitoring Tool(s) Used: _____

Sufficient Progress Made: Yes: __ No: __

Documentation of progress attached: Yes: __ No: __

2nd Documented Review Date _____
(completed no later than 16 weeks after starting intervention):

Sufficient Progress Made: Yes: __ No: __

Documentation of progress attached: Yes: __ No: __

Progress monitoring Tool(s) used: _____

Same as above

Other _____

Intensive Intervention Documentation
Tier III 3rd Grade Retention/Good Cause Exemption

Describe the specific Intervention(s) Attempted:

Provide targeted objective of the Intervention(s):

Describe instructional method(s) utilized:

Provide specific evaluation criteria, in measurable terms, utilized to determine effectiveness and monitor progress:

Intervention Conducted by: _____

Position: _____

Time Span of Intervention (in weeks):

Frequency of the Intervention:

Duration of Intervention:

Frequency of Progress Monitoring:

Evaluation of Intervention Success

Check one of the following:

Planned intervention was successful in meeting student's needs. This intervention will be continued in the current setting.

Planned intervention was not successful in meeting the student's needs. Another intervention will be conducted to attempt to meet student's needs.

Planned intervention was not successful in meeting the student's needs. Referral for Child Study is being considered due to: _____

- Date Referred for Comprehensive Assessment: _____
- Date of Assessment: _____
- Assessment Results: Qualified/ Did Not Qualify
- Qualifying Category: _____

Specific to Literacy-Based Promotion Act

- Sent Parent Notification of Reading Deficiency
On the following dates: _____, _____, _____
- Date Read At Home Plan was sent to Parents: _____

Date that parent was notified about student being retained in 3rd grade: _____

Good Cause Exemption

Date Teacher requested Good Cause Exemption _____
Date Teacher submitted documentation to principal: _____
Date Principal reviewed and discussed recommendations with the teacher and parent: _____
Date Principal submitted documentation to superintendent: _____
Date Superintendent Accepted / Rejected request: _____

Check if applicable:

- Student Promoted to 4th grade due to Good Cause Exemption.
- Parent refuses Good Cause Exemption for promotion.

Completed by: _____

Position: _____ Date: _____

Principal's Signature: _____

Date: _____