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: _____

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: _____

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: _____

Academic Area / Recent Grades

- ☐ Reading: ___
- ☐ Mathematics: ___
- ☐ Science: ___
- ☐ Social Studies: ___
- ☐ Spelling ___
- ☐ Language Arts ___

Behavior

Check if documentation of the following is available.
- ☐ Social Emotional Issues ___
- ☐ Discipline Record ___
- ☐ Total Number of Discipline Reports: ___
- ☐ Total Number of Suspensions: ___
  - In School: ___
  - Out of School: ___
- ☐ Additional Behaviors that may impact academic performance:
  _____

Attendance

School Year: _____
Days Present: _____
Days Absent: _____
List all schools attended.
1. _____
2. _____
3. _____
4. _____

Retention: Yes: __ **No:** __

Grade	School Year Retained
_____	_____
_____	_____

Check if Special Population
- ☐ Special Education
- ☐ 504
- ☐ ELL
- ☐ Other: _____

State Testing Results

MCT2/MCT3

Grade:__ LA:__
Math:__

3rd Grade Summative Reading Assessment Scores:

1st attempt:

Pass: _____ Fail: _____

1st Retest:

Pass: _____ Fail: _____

2nd Retest:
Pass: _____ Fail: _____

Tier II Reading Intervention(s):

_____
_____
_____

Tier II Data Attached:

Yes: _____ No: _____

Screening
  Hearing: Date _____
  Pass: _____ Fail: _____

  Vision: Date _____
  Pass: _____ Fail: _____

  Re-check: Date _____
  Pass: _____ Fail: _____

Universal Screening
Reading Screener: _____
- ☐ Fall: _____/_____
         Score/Date
- ☐ Winter: _____/____
         Score/Date
- ☐ Spring: _____/____
         Score/Date

Math Screener: _____
- ☐ Fall: _____/_____
         Score/Date
- ☐ Winter: _____/____
         Score/Date
- ☐ Spring: _____/____
         Score/Date

Behavior Screener: _____
- ☐ Fall: _____/_____
         Score/Date
- ☐ Winter: _____/____
         Score/Date
- ☐ Spring: _____/____
         Score/Date

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

School: Teacher: School Year:		
Student:	Grade level	MSIS Number
Gender:	Ethnicity:	

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: _____