

### Acceleration or Retention Report

Acceleration

Retention

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

Date of Birth: \_\_\_\_\_

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

Age: \_\_\_\_\_

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

ELL Student:  Yes  No

Current Teacher: \_\_\_\_\_

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

Current Grade: \_\_\_\_\_ Acceleration/Retention Grade: \_\_\_\_\_

Acceleration/Retention requested by: \_\_\_\_\_

Reason for Acceleration/Retention: \_\_\_\_\_

Are the appropriate testing forms attached?  Yes  No

Prepared by: \_\_\_\_\_

Are the parent(s)/legal guardian(s) of the student in agreement to the acceleration or retention?

Yes  No

\_\_\_\_\_  
Parent/Guardian Signature

Is the school team in agreement to the acceleration/retention based on Jordan School District Policy (AS64) and guidelines?

Yes  No

\_\_\_\_\_  
Team Member's Signature

\_\_\_\_\_  
Team Member's Signature

\_\_\_\_\_  
Team Member's Signature

\_\_\_\_\_  
School Administrator's Signature

Is the Administrator of Schools in agreement to the above based on Jordan School District Policy (AS64) and guidelines?

Yes  No

\_\_\_\_\_  
Administrator of Schools Signature

Additional Comments: \_\_\_\_\_