

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: _____
