

1. Report Card is sent home at the end of second quarter.
2. If retention is being considered, or student has received a D or F in two (2) or more subject, a (certified) letter will be sent home. A conference will be requested by the school staff.
3. A conference will be held with all appropriate staff and administration. Student work should be shown at this time.
4. A Student Success Plan will be the focus of that conference and the form completed and signed. The student is involved if appropriate.
5. A second meeting will be held at the end of third quarter for a progress check. Collected student work will again be discussed. This meeting will be requested by the staff.
6. Decision for retention will be made at the earliest possible time and will be no later than the end of the school year.

Law Reference:

Appendix Reference:

Date Adopted:

Revision Dates:

Last Review Date:

GRADE 1 – 5

Dear Parent/Guardian:

_____ is fortunate to be in a learning environment that recognizes and appreciates children at all stages of development and academic growth. At this point, _____ might be a child who would benefit from a second year at this grade level.

Please call us to set up an appointment to review _____'s work to date and to discuss a plan for his/her successful achievement.

KRMS – Retention

Dear Parent/Guardian:

Your child, _____ is at risk of academic failure in (list academic and unified arts) subjects. As educators and parents, we both want academic growth for your child. Over the next two quarters, (child's name) has an opportunity to address his/her academic deficiencies with the assistance of school and home working together. This is important to address early, rather than wait until retention has to be considered.

We recommend that you schedule a conference which includes the teachers, your child, and you to look at the academic concerns and build a specific academic plan. Your contact person to schedule and appointment would be (teacher's or counselor's name) who can be reached at (telephone #).

We look forward to working together.

KRSD STUDENT SUCCESS PLAN

STUDENT _____

TEACHER _____

PARENT _____

SUBJECT _____

The following areas are a concern to us:

1. _____
2. _____
3. _____
4. _____

We feel that _____ can improve in these areas, and that by working together, success can be achieved. Below is a summary of the plan we designed to help in the areas of concern.

1. _____

2. _____

3. _____

4. _____

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Please sign and return: I have received a copy of the objectives for success in the areas listed above and understand that they must be achieved to ensure completion of the subject.

Student (if appropriate) _____ Date _____

Parent _____ Date _____

Teacher _____ Date _____