

Palm Springs Unified School District

Palm Springs California

RECORD OF PUPIL BEING CONSIDERED FOR ADJUSTED GRADE PLACEMENT

NOTE: The student's current teacher(s), counselor, school psychologist (if applicable), site administrator/designee, and parent comprise the "Committee" responsible for completing this Record. In the event that an adjusted grade placement results in a change of school, the "Committee" shall include a representative from the receiving school to ensure an appropriate transition plan is created for this student.

Section I: Student Information

Name: _____ Date: _____

School: _____ Present Grade: _____

Birthdate: _____ Gender: Male Female

Has this student been previously retained or advanced? No Yes If Yes, list grade level(s): _____

Section II: Achievement Test/Assessment Data

	Date	Grade	CELDT Level	Grade in ELA	Grade in Math	DIBELS Comp. Score	Lexia Level	Reading Plus Level	SBAC ELA	SBAC Math
Previous Year										
Current Year										

Other Local Assessment Data Reviewed:

Attach list and dates of interventions:

SST (date put into Pre-SST or SST):

Reasons for request:

Section III: Developmental Factors

<u>Factors Considered for Grade Advancement</u>	<u>Factors Considered for Grade Retention</u>
<input type="checkbox"/> Older chronologically than present group	<input type="checkbox"/> Younger chronologically than present group
<input type="checkbox"/> Advanced vocabulary and language usage	<input type="checkbox"/> Inadequate vocabulary and language usage
<input type="checkbox"/> Rich experiential background	<input type="checkbox"/> Meager experiential background
<input type="checkbox"/> Physical maturity	<input type="checkbox"/> Physical Immaturity
<input type="checkbox"/> Daily achievement superior to group	<input type="checkbox"/> Inferior work habits to present group
<input type="checkbox"/> Emotional and/or social maturity evident	<input type="checkbox"/> Emotional and/or social immaturity
<input type="checkbox"/> Advanced development evident	<input type="checkbox"/> Poor general health
<input type="checkbox"/> Other reason(s) for advancement:	<input type="checkbox"/> Other reason(s) for retention:

Section IV: Committee Recommendations

Committee Recommendation: ***	Grade Advancement <input style="width: 40px; height: 20px;" type="checkbox"/>	No Grade Adjustment <input style="width: 40px; height: 20px;" type="checkbox"/>	Retain in Current Grade <input style="width: 40px; height: 20px;" type="checkbox"/>	Date: _____
Effective Date/School Year: _____				

Rationale for recommendation: _____

***Attach IEP/504 supporting recommendation.

Committee Member Name (Print)	Role	Member Signature	Approve Recommendation	Disapprove Recommendation
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
Parent Name (Print)	Parent's Signature	Approve Recommendation	Disapprove Recommendation	
		<input type="checkbox"/>	<input type="checkbox"/>	

Section VI: Principal's Recommendation

Principal's Recommendation- Approve Committee Recommendation Disapprove Committee Recommendation

Principal's Signature: _____ Date: _____

Section VII: Superintendent/Designee Recommendation

Supt./Designee Recommendation- Approve Committee Recommendation Disapprove Committee Recommendation

Supt./Designee Signature: _____ Date: _____

Section VIII: Findings: *Should the Committee, Principal, and Superintendent/Designee not all agree on placement for the above-named student, the Superintendent/Designee recommends the following: (attach additional page(s)/documentation if necessary)*
