

**PROMOTION CRITERIA FOR STUDENTS WITH DISABILITIES**

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**School:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Date of IEP Team Meeting:** \_\_\_\_\_

This checklist will be used to determine the promotion of students with disabilities who do not meet the state and/or local promotion criteria.

Within 30 days of the student entering the grade level, the IEP Team must consider and circle “Agree” or “Disagree” for each of the following statements:

<b>The student:</b>		
Agree	Disagree	<b>has an exceptionality (does not apply to a student identified as Gifted and/or Talented with no other exceptionality).</b>
Agree	Disagree	<b>did not meet the state and local requirements for promotion or did not meet state-established benchmarks on the required state assessments for the prior year.</b>
Agree	Disagree	<b>will be eligible for an alternate pathway for promotion if he/she does not meet the state and local requirements for promotion or does not meet state-established benchmarks on the required state assessments for the current year.</b>

**Check ONE applicable statement below:**

1.) \_\_\_\_\_ The IEP Team agrees with ALL of the statements listed above; therefore, the student is eligible for an alternate promotion pathway provided he/she does not meet the state and local requirements for promotion or does not meet state-established benchmarks on the required state assessments for the current year.

2.) \_\_\_\_\_ The IEP Team does NOT agree with ALL of the statements listed above; therefore, the student is NOT eligible for an alternate promotion pathway.

<b>If the student is eligible for an alternate promotion pathway, the IEP team has:</b>		
Agree	Disagree	<b>reviewed the student’s IEP.</b>
Agree	Disagree	<b>reviewed the student’s most recent evaluation and other diagnostic information.</b>
Agree	Disagree	<b>reviewed the student’s present level of academic performance.</b>
Agree	Disagree	<b>reviewed the student’s progress monitoring data.</b>
Agree	Disagree	<b>reviewed the student’s behavior and attendance data and/or other relevant information.</b>
Agree	Disagree	<b>considered the student’s age.</b>

**Check ONE applicable statement below:**

- 1.) \_\_\_\_\_ The IEP team recommends that the student **will** participate in the alternate promotion pathway.
- 2.) \_\_\_\_\_ The IEP team recommends that the student **will not** participate in the alternate promotion pathway.

**If the decision of the IEP team is that the student is eligible for and will participate in the alternate pathway, the team shall:**

- 1.) Identify rigorous educational goals for the student. \*
- 2.) Include diagnostic information, appropriate monitoring and intervention, and other evaluation strategies.
- 3.) Include an intensive instructional program.
- 4.) Provide innovative methods to promote the student's advancement including flexible scheduling, alternate learning environments, online instruction, or other interventions that are proven to accelerate the learning process and have been scientifically validated to improve learning and cognitive ability.
- 5.) For students addressing transition, identify a course of study that promotes college or workforce readiness, or both, career placement and advancement, and transition from high school to postsecondary education or work placement.
- 6.) Provide the student and his/her parent or legal guardian with information related to how requirements that vary from standard expectations may impact future educational and career options.

**\* The Team is to include promotion criteria in the student's IEP.**

**SIGNATURES OF IEP TEAM MEMBERS:**

	<u>NAME</u>	<u>SIGNATURE</u>
Student	_____	_____
Parent	_____	_____
Special Education Teacher	_____	_____
Regular Education Teacher	_____	_____
ODR	_____	_____

Other (Title) \_\_\_\_\_

Other (Title) \_\_\_\_\_

**Date of Decision:** \_\_\_\_\_

**The following is to be completed at the end of the school year for which the student has been placed on an alternate pathway for promotion.**

We have reviewed all applicable data and documentation supporting the student's attainment of promotional criteria specified in his/her IEP. Based on this review, we have determined that:

1.) \_\_\_\_\_ The student has met all promotional criteria specified in his/her IEP and the student is therefore PROMOTED to the \_\_\_\_\_ grade.

OR

2.) \_\_\_\_\_ The students has not met all promotional criteria specified in his/her IEP and the student is therefore RETAINED in the \_\_\_\_\_ grade.

NAME

SIGNATURE

Special Education Teacher \_\_\_\_\_

Regular Education Teacher \_\_\_\_\_

**Date of Decision** \_\_\_\_\_

*NOTE: If any member of the IEP Team disagrees with the decision to promote or retain checked above, the IEP Team will review all applicable data and make the promotional decision for the student.*

*Parents retain all applicable Procedural Safeguards if they disagree with the IEP Team decision.*