

## Principal's Checklist for Consideration of Grade-Level Acceleration/Retention



Name of Student:	Date of Birth:						
Address:							
School:	Grade:						
Name of Parent(s)/Guardian(s	s):						
Home Telephone:	Work Telephone:						
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Requirements for Grade-Lev	el Acceleration/Retention Request:						
☐ Receive Request for Co	onsideration of grade-level acceleration/retention						
☐ Has school staff implen Learning (UDL) strateg	nented Differentiated Instruction (DI) and Universal Design for the for this student?						
	Have the principles of DI and UDL provided to the student been successful in providing the necessary accelerated or remedial learning opportunities and/or environments?						
	Convene a school Case Conference Team or School-Based Support Learning Team meeting (as appropriate)						
☐ Supporting Medical ass	essment(s)						
	(IEP, psychological, occupational therapy, physical therapy, nd/or orientation and mobility assessments)						
☐ Consultation with Supe	rintendent of Schools						
Request Accepted/Denied							
Letter provided to the family w	rith the outcome.						
Implementation							
☐ Is an accommodation pland/or environments red	lan outlining either accelerated/remedial learning opportunities quired?						
If Yes, consider the foll	owing:						
o Are timetable ac	ljustments required?						
o Will alternative	benchmarks for assessment be required?						
o Is an IEP require	ed or will an existing IEP be updated?						



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	N	10	n	it	orin	g	success	or	lack	of	success	
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☐ Has the student experienced success through the accommodation	on plan?
Please note that the decision may be revoked as per section 8.8 of the Age Appropriate Placement; Curriculum and Programs Supports	-
Additional Comments:	
Signature of Principal:	Date: