

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):					
Home Telephone:	Work Telephone:					
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Requirements for Grade-Le	vel Acceleration/Retention Request:					
☐ Receive Request for C	Consideration of grade-level acceleration/retention					
☐ Has school staff imple Learning (UDL) strate	emented Differentiated Instruction (DI) and Universal Design for egies 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 as	ssessment(s)					
	s (IEP, psychological, occupational therapy, physical therapy, and/or orientation and mobility assessments)					
☐ Consultation with Sup	perintendent of Schools					
Request Accepted/Denied						
Letter provided to the family	with the outcome.					
Implementation						
☐ Is an accommodation and/or environments r	plan outlining either accelerated/remedial learning opportunities equired?					
If Yes, consider the fo	llowing:					
o Are timetable a	adjustments required?					
o Will alternative	e benchmarks for assessment be required?					
o Is an IEP requi	red 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: