shall be placed on an individual academic improvement plan in partnership with LEA/Parish and teacher because they did not attain basic proficiency in at least two core subject areas.

In accordance with the requirements of Bulletin 1566 §701 and §703, has the right to at least two or more of the following interventions:

* **High-quality curriculum**: Student is taught with high-quality curriculum that is aligned to Louisiana State Standards and includes built-in instructional supports.
* **Highly-effective teacher**: Student is placed in the classroom of a teacher rated "Highly Effective" overall or "Highly Effective" on value-added model or has proven success with teaching students who struggle academically in the past.
* **Additional in-school support**: Student is provided with additional learning minutes. These minutes should come from available time during the school day or during after-school support time.
* **Summer program**: Student is enrolled in a summer program. In that summer program, the student is taught with high-quality curriculum that is aligned to Louisiana State Standards and includes built-in instructional supports.

Further, the parent/legal guardian of understands:

|  |  |
| --- | --- |
| **Parent Initials** | **Parent/ Legal Guardian understands that…** |
|   | Student is entitled to participation in an individual academic improvement plan that is co-developed between parent/legal guardian and teacher. |
|   | Parent/legal guardian is entitled to information in home language detailing intervention supports available to student prior to selection of interventions. |
|   | Parent/legal guardian may select and agree to at least two interventions to be provided, at no cost, by the school system. |
|  | Parent/legal guardian can take action at home to support student progress by doing accessing resources available in the [Family Support Toolbox Library](http://www.louisianabelieves.com/resources/library/family-support-toolbox-library) and/or provided by student’s school. |

 School System Promotion Policy per Pupil Progression Plan: *(LEAs insert here)*

|  |
| --- |
|   |

|  |  |
| --- | --- |
| LEA Name: | Date: |
| Student Name: | Grade: |
| Parent/Legal Guardian Name: | School/Parish Name: |

Select at least two or more options from the intervention list below:

* **High-quality curriculum**
* **Highly-effective teacher**
* **Additional in-school support**
* **Summer program**

I am a parent or legal guardian of the student referenced above and I understand my rights as it relates to promotion and retention; and I have selected and agreed to course of action for my student.

|  |
| --- |
| Print Parent/Legal Guardian Name:  |

|  |  |
| --- | --- |
| Parent/Legal Guardian Signature:  | Date: |

|  |  |
| --- | --- |
| School Administrator Signature:  | Date: |