

## Good Cause Exemption Documentation

Student Name:	Grade:
School:	Teacher:

Date Individual Academic Support Plan was signed by parents/guardians:

Dates parents/guardians received progress reports on literacy proficiency:

The student qualifies for promotion based on the following good cause exemptions (check the appropriate exemption):

- |  |   |
|--|---|
|  | A limited English proficient student has been enrolled in an English language assistance program for fewer than two years.  |
|  | An IEP indicates the student is assessed using the LAAR.  |
|  | A student with an IEP or 504 plan who has previously been retained.   |
|  | A student with an IEP or 504 Plan has received intensive reading intervention for two years, as documented by the Individual Academic Support Plan or Individual Reading Plan, and still scores at the lowest achievement level on the literacy screener.                     |
|  | A student was previously retained in kindergarten, first, second, or third grade and has received intensive reading intervention for two years, as documented by the Individual Academic Support Plan, still scores at the lowest achievement level on the literacy screener. |
|  | A student has been diagnosed with dyslexia.   |
|  | A student scoring Mastery on the English language arts section of the LEAP 2025 assessment may be considered for promotion.   |

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|---|-------|
| <input type="checkbox"/> The teacher requested and submitted Good Cause Exemption documentation to the principal. | Date: |
| <input type="checkbox"/> The principal reviewed and discussed recommendations with the teacher and parent.        | Date: |
| <input type="checkbox"/> The principal submitted documentation to the superintendent.                             | Date: |
| <input type="checkbox"/> The superintendent makes the decision.   | Date: |

Decision: Retain Promotion based on Good Cause Exemption

Comments:

Completed By:	Position:	Date:
Parent/Guardian (Print)	Signature:	Date:
Teacher (Print)	Signature:	Date:
Principal (Print)	Signature:	Date:
Superintendent or Designee (Print)	Signature:	Date: