

LOS ANGELES UNIFIED SCHOOL DISTRICT
Associate Superintendent, Educational Services

BULLETIN NO. BUL-721
December 17, 2003

ATTACHMENT F

STANDARDS-BASED PROMOTION/INTERVENTION
GRADE 8 PARENT NOTIFICATION FORM

To the Parent/Guardian of _____
Student Name _____ Date of Birth _____
 Fall Semester Spring Semester

This letter is to inform you that at this time your son/daughter is at risk of not meeting grade-level standards in the following subject area(s):

Reading English Learners: ESL (English Language Development) Mathematics

According to Los Angeles Unified School District's Standards-Based Promotion Policy, State Education Code and Secondary Literacy Plan students unable to meet grade-level standards for promotion may be recommended for retention at the end of the school year. Your student is assigned to the following District intervention program to support improving his/her academics:

ELP/ELAP English Learners: ESL (English Language Development) Other: _____

Dates/days of program: _____ Time: _____

Location: _____

If you would like to participate in a conference to discuss the above information, please contact student's counselor or teacher within five days to schedule an appointment.

Counselor Signature Teacher Signature

For parents of students with disabilities: An IEP meeting may be necessary to review, revise and/or consider additional interventions. A special education teacher will be contacting you.

Parent/Guardian Statement:

I have received and understand the above information regarding intervention recommendations for students not meeting grade level standards. I understand that my child is being provided this opportunity because he/she may not meet grade level standards for promotion and in the future may not be able to pass the California High School Exit Exam (CAHSEE), which is required to receive a high school diploma with the graduating class of 2006.

Yes, I give permission for my student to attend. No, I do not give permission for my student to attend.

Parent/Guardian Signature Date

Home Address Telephone #

Return this form to your student's counselor.

PLACE A COPY IN STUDENT'S RED FOLDER