



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

(LETTERHEAD)

JUSTIFICATION FOR PROMOTION FOR GRADE 2-4

To the Parent/Guardian of _____

_____ (Date of Birth) _____ (Grade) _____ (Track) _____ (Room #)

This letter is to inform you that your son/daughter is promoted, although he/she does not meet the criteria for promotion.

Pursuant to Education Code Section 48070.5(1) (d), this student shall be retained unless the student's regular classroom teacher specifies in writing that retention is not appropriate and that the child will be promoted. In accordance with the above-referenced laws, and based on a review of your child's academic record, the student's classroom teacher has determined that retention of the student is not appropriate for the followings reason(s): (Please check box(es) and initial)

- _____ Previously retained and referred to other resources.
- _____ ELD progress demonstrated by other factors indicated in comment section below.
- _____ Affective needs of the student (social/emotional/serious illness/family situation).
- _____ Previous year's final Progress Report indicates continuous growth and progress toward grade level standards.
- _____ Individualized Education Program (IEP) team has recommended promotion.

Additional Comments: _____

Your son/daughter does not meet the criteria for promotion based on the following:

- Reading score of 1 on the Progress Report and score of 1 on the Periodic Writing Assessment
- English Learner who has remained at the same ELD level for two or more years

GRADE 4 ONLY:

- Mathematics score of 1 on the Progress Report and score of Below Basic or Far Below Basic on the Mathematics California Standards Test from the previous year.

The following interventions are available to assist your son/daughter in meeting State Standards:

- | | |
|---|--|
| <input type="checkbox"/> Extended Learning Program (ELP) | <input type="checkbox"/> Summer School/Intersession is required |
| <input type="checkbox"/> English Language Acquisition Program (ELAP) | <input type="checkbox"/> Local School Design _____ |
| <input type="checkbox"/> Emergency Immigrant Education Program (EIEP) | <input type="checkbox"/> Supplemental Educational Services (SES) |
| <input type="checkbox"/> Extended School Year (ESY) | for eligible students at Program Improvement schools only |

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____

This plan for intervention has been provided and discussed with the student's parent or guardian as verified by the signature below:

Parent Signature: _____ Date: _____

PLACE COPY IN STUDENT'S RED FOLDER