

Jefferson County Public Schools  
**Additional Time In the Primary Program**  
**Recommendation to the Principal**

The determination of successful completion of the Primary Program shall be made on an individual basis. Evidence to support this determination may include anecdotal records, student work products, standardized tests, and school and district summative assessment results. Review of assessment records, in alignment with the 18 criteria set forth in the 703 KAR 4:040 (listed in the Elementary SPP&G), is also considered. A school-based team, in consultation with the parent/guardian, shall collect and review the evidence when considering a recommendation to the principal for a child to spend additional time in the Primary Program.

This form is used to document this review process. The principal makes the final decision (at least 30 school days before the final day of the school year) and notifies the parent/guardian of decision and appeal process as defined in the JCPS Elementary School Student Progression, Promotion and Grading document.

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ School Name: \_\_\_\_\_

<b>TEAM MEMBERSHIP</b>		
<b>Name</b>	<b>Role (Teacher, Parent, Principal, Assistant Principal, etc.)</b>	<b>Signature</b>

**A. Conversations Concerning Student Progress**

<b>RECORD OF CONVERSATIONS BETWEEN STUDENT'S PARENT/GUARDIAN(S) AND TEACHER(S)</b>		
<b>Date</b>	<b>Who was Involved? Role?</b>	<b>Signature</b>

**B. Evidence Sources Collected, Reviewed, and Considered**

Type of Evidence	Present? Yes/No	Identify and Explain Summarize Findings
Anecdotal Records		
Varied Student Work Samples		
Standardized Test Results		
District Assessments		
School Assessments		
Writing Folder Complete		
Other		

**C. Recommendation of School-Based Team in Consultation with the Student's Parent/Guardian:**

It is recommended that: \_\_\_\_\_ spend an additional year in the primary program.  
(Student Full Name)

The additional time begins in the \_\_\_\_\_ School year.  
(##-##)

**School Team Members' Signatures:**

\_\_\_\_\_  
(Team Member Signature)

\_\_\_\_\_  
(Team Member Signature)

\_\_\_\_\_  
(Team Member Signature)

\_\_\_\_\_  
(Team Member Signature)

Recommendation Approved

\_\_\_\_\_  
(Principal Signature)

\_\_\_\_\_  
(Date)

Recommendation Not Approved

\_\_\_\_\_  
(Principal Signature)

\_\_\_\_\_  
(Date)

The original copy of this form is to be placed and kept in the student's folder. A copy shall be given to the parent/guardian.