

**Appendix B: IKE-AR  
RETENTION/DOUBLE PROMOTION TEAM RECOMMENDATION  
AND FINAL DECISION**

Date of meeting \_\_\_\_\_

Name of student \_\_\_\_\_

***Team members (If the student is on an IEP or is identified as ELL, case manager or ELL teacher must be part of the team):***

Name	Signature	Title/Relationship to Student

***Check all sources of information that were discussed in the meeting:***

- \_\_\_\_\_ Light's Retention Inventory (retention) OR Iowa Acceleration Scale (double promotion) – elementary level only
- \_\_\_\_\_ Test scores from standardized and classroom assessments, i.e., OAKS, DIBELS, Explore, Plan
- \_\_\_\_\_ Information regarding academic interventions, acceleration, and/or enrichment
- \_\_\_\_\_ Classroom work samples
- \_\_\_\_\_ Observation write ups
- \_\_\_\_\_ Attendance information
- \_\_\_\_\_ Discipline information

***(See other side)***

**Team members' recommendations:**

Name	Initials	I support regular promotion of this student to grade ____ next year.	I support retaining this student in grade ____ next year.	I support double promotion of this student to grade ____ next year.

**Principal's final decision:**

\_\_\_\_\_ Retention of this student in grade \_\_\_\_ for the \_\_\_\_\_ - \_\_\_\_\_ year.

\_\_\_\_\_ Double promotion of this student to grade \_\_\_\_ for the \_\_\_\_\_ - \_\_\_\_\_ year.

\_\_\_\_\_ Regular promotion of this student to grade \_\_\_\_ for the \_\_\_\_\_ - \_\_\_\_\_ year.

\_\_\_\_\_  
Principal's signature

\_\_\_\_\_  
Date

***A copy of this form will be sent to the parent, and the original will be placed in the student's cumulative file.***