**Good Cause Exemption Documentation (LBPA)**

<table>
<thead>
<tr>
<th>Student Name: ____________________ Grade: ________</th>
<th>School: ____________________ Teacher: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification sent to parents/guardians stating the student was identified with a reading deficiency and with each quarterly progress report.</td>
<td>Read-at-Home Plan sent to parents/guardians. Date: ________</td>
</tr>
<tr>
<td>Date: _______________ Date: _______________</td>
<td>Date: _______________ Date: _______________</td>
</tr>
</tbody>
</table>

### Good Cause Exemption Determination and Documentation

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

<table>
<thead>
<tr>
<th>Good Cause Exemption</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Limited English Proficient student who has less than two (2) years of instruction in an English Language Learner program</td>
</tr>
<tr>
<td>B.</td>
<td>Student with a disability whose Individualized Education Program (IEP) indicates that participation in the statewide accountability assessment program is not appropriate, as authorized under state law</td>
</tr>
<tr>
<td>C.</td>
<td>Student with a disability who participate in the state annual accountability assessment and who has an IEP or Section 504 Plan that reflects that the individual student has received intensive remediation in reading for two (2) years but still demonstrates a deficiency or was previously retained in Kindergarten, First, Second, or Third Grade</td>
</tr>
<tr>
<td>D.</td>
<td>Student who demonstrates an acceptable level of reading proficiency on an alternative standardized assessment approved by the State Board of Education</td>
</tr>
<tr>
<td>E.</td>
<td>Student who received intensive intervention in reading for two (2) or more years but still demonstrates a deficiency in reading and who was previously retained in Kindergarten, First, Second or Third Grade for a total of two (2) years and has not met exceptional education criteria.</td>
</tr>
</tbody>
</table>

**Teacher requested and submitted Good Cause Exemption documentation to the principal.**

**Principal reviewed and discussed recommendations with the teacher and parent.**

**Principal submitted documentation to superintendent.**

**Decision of Superintendent: Accept / Reject**

**Date: _______________ Date: _______________**

*Instructions: Check if retained or promoted.*

**Decision:** ☐ Retain ☐ Promote Based on Good Cause Exemption

**Comments:**

Completed by: ____________________ Position: ____________________ Date: _______________

_____________ (Print) Signature Date

_____________ (Print) Signature Date

_____________ (Print) Signature Date

_____________ (Print) Signature Date

_____________ (Print) Signature Date

Mississippi Literacy-Based Promotion Act
## Student Data Collection Worksheet

### Tier Process/Literacy-Based Promotion Act

<table>
<thead>
<tr>
<th>Academic Area / Recent Grades</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading: □</td>
<td>Social Emotional Issues □</td>
</tr>
<tr>
<td>□ Mathematics: ___</td>
<td>Discipline Record □</td>
</tr>
<tr>
<td>□ Science: ___</td>
<td>Total Number of Discipline Reports:</td>
</tr>
<tr>
<td>□ Social Studies: ___</td>
<td></td>
</tr>
<tr>
<td>□ Spelling ___</td>
<td>- In School: ___</td>
</tr>
<tr>
<td>□ Language Arts ___</td>
<td>- Out of School: ___</td>
</tr>
<tr>
<td></td>
<td>- Additional Behaviors that may impact academic performance:</td>
</tr>
</tbody>
</table>

### Attendance

School Year: _____
Days Present: _____
Days Absent: _____
List all schools attended:
1. ____________________
2. ____________________
3. ____________________
4. ____________________

Retention: Yes: ___ No: ___

<table>
<thead>
<tr>
<th>Grade</th>
<th>School Year Retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

### State Testing Results

MCT2/MCT3
Grade: ___ LA: ___
Math: ___

3rd Grade Summative Reading Assessment Scores:
1st attempt:
Pass: ___ Fail: ___

1st Retest:
Pass: ___ Fail: ___

2nd Retest:
Pass: ___ Fail: ___

### Screening

Hearing: Date ___ Pass: ___ Fail: ___
Vision: Date ___ Pass: ___ Fail: ___
Re-check: Date ___ Pass: ___ Fail: ___

#### Universal Screening

Reading Screener:
- Fall: ___ Score/Date
- Winter: ___ Score/Date
- Spring: ___ Score/Date

Math Screener:
- Fall: ___ Score/Date
- Winter: ___ Score/Date
- Spring: ___ Score/Date

#### Behavior Screener:
- Fall: ___ Score/Date
- Winter: ___ Score/Date
- Spring: ___ Score/Date

### Check if Special Population

- Special Education
- §04
- ELL
- Other: ________

Tier II Reading Intervention(s):

Tier II Data Attached:
Yes: ___ No: ___
### Intensive Intervention Documentation

**Tier III/Third Grade Retention/Good Cause Exemption**

<table>
<thead>
<tr>
<th>School:</th>
<th>Teacher:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student: Grade level MSIS Number</td>
<td></td>
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<tr>
<td>Gender: Ethnicity:</td>
<td></td>
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</tbody>
</table>

Check the information below only if documentation is attached to support implementation.

- Teacher Support Team (TST) Referral Date: __________

- Deficit Area(s) Identified based on data: ________________________________
- Intervention Start Date (must be made within 2 weeks of referral): __________

- 1st Documented Review Date ______ (completed no later than 8 weeks after starting intervention):
  - Progress Monitoring Tool(s) Used: ________________________________
  - Sufficient Progress Made: Yes: ___ No: ___
  - Documentation of progress attached: Yes: ___ No: ___

- 2nd Documented Review Date ______ (completed no later than 16 weeks after starting intervention):
  - Sufficient Progress Made: Yes: ___ No: ___
  - Documentation of progress attached: Yes: ___ No: ___
  - Progress monitoring Tool(s) used: ________________________________
  - Same as above
  - Other: ________________________________
# Intensive Intervention Documentation

## Tier III 3rd Grade Retention/Good Cause Exemption

Describe the specific Intervention(s) Attempted:

<table>
<thead>
<tr>
<th>Provide targeted objective of the Intervention(s):</th>
<th>Describe instructional method(s) utilized:</th>
<th>Provide specific evaluation criteria, in measurable terms, utilized to determine effectiveness and monitor progress:</th>
</tr>
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Intervention Conducted by: ____________________________________________________________

Position: ____________________________________________________________

Time Span of Intervention (in weeks):  

Frequency of the Intervention:  

Duration of Intervention:  

Frequency of Progress Monitoring:  
## Evaluation of Intervention Success

Check one of the following:

- □ Planned intervention was successful in meeting student's needs. This intervention will be continued in the current setting.
- □ Planned intervention was not successful in meeting the student's needs. Another intervention will be conducted to attempt to meet student's needs.
- □ Planned intervention was not successful in meeting the student's needs. Referral for Child Study is being considered due to: ___________________
  ___________________

- □ Date Referred for Comprehensive Assessment: ________________
- □ Date of Assessment: ________________
- □ Assessment Results: Qualified/ Did Not Qualify
- □ Qualifying Category: __________________________

### Specific to Literacy-Based Promotion Act

- □ Sent Parent Notification of Reading Deficiency On the following dates: __________________, __________________, __________________
- □ Date Read At Home Plan was sent to Parents: ________________

Date that parent was notified about student being retained in 3rd grade: ________________

### Good Cause Exemption

Date Teacher requested Good Cause Exemption ________________
Date Teacher submitted documentation to principal: ________________
Date Principal reviewed and discussed recommendations with the teacher and parent: __________
Date Principal submitted documentation to superintendent: ________________
Date Superintendent Accepted / Rejected request: ________________

Check if applicable:

- □ Student Promoted to 4th grade due to Good Cause Exemption.
- □ Parent refuses Good Cause Exemption for promotion.

Completed by: ____________________________  Date: ____________________________

Position: ____________________________  Date: ____________________________

Principal's Signature: ____________________________  Date: ____________________________