



Educational Management Team Program for Students Being Retained

**MCPS Form 272-42
July 2018**

Office of the Student and Family Support and Engagement
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

INSTRUCTIONS: To be used when retention is considered for a student. For students in prekindergarten through Grade 2, retention is not expected to occur. Students who are not performing according to expectations are provided additional assistance. For students in Grades 3 through 8, retention may be considered only when documented alternative educational strategies have not resulted in the expected student progress. In Grades 9 through 12, if students fail to meet the requirements outlined in MCPS Regulation JEB-RA, *Placement, Promotion, Acceleration, and Retention of Students*, they will be retained. Use MCPS Form 336-01, *Addendum to MCPS Forms* when more space is needed.

PART I: STUDENT INFORMATION

Student Name: Last _____ First _____ MI _____

MCPS ID # _____ Grade _____ Section 504 Plan Individualized Education Program (IEP)

Case Manager/Teacher _____ School Name _____

Reason: (Why is it in the student's best interest to repeat the grade?)

PART II: PROGRAM PLAN FOR EDUCATIONAL SUPPORT—Record each objective, implementing strategy(ies), and the person responsible for seeing that the objective is met. Send a copy to the director of learning, achievement, and administration (DLAA) in the Office of School Support and Improvement (OSSI), and give a copy to the parent/guardian.

OBJECTIVE	STRATEGY(IES)	PERSON RESPONSIBLE

6-week review date ____/____/____ **12-week review date** ____/____/____

PART III: SEMESTER REVIEW—After the review, give a copy to the parent/guardian. Review date ____/____/____

Describe progress _____

Continued concerns: Yes No Explain _____

Describe any follow-up modifications _____

PART IV: FINAL REVIEW—After the review, give a copy to the parent/guardian. Review date ____/____/____

Describe progress _____

Continued concerns: Yes No Explain _____

Recommendation(s) for the following school year _____

Case Manager/Teacher Signature _____ Date ____/____/____

Principal/Designee Signature _____ Date ____/____/____