

Student Name: _____ Student ID # _____ Grade: _____ Campus: _____ SIP Campus _____

Areas of Concern: Academic _____ Attendance _____ Behavior _____

Previous STAAR Scores

3 rd grade	MATH	READING	
4 th grade	MATH	READING	WRITING
5 th grade	MATH	READING	

4 Nine Week Benchmark Assessments

1 st Nine Weeks	2 nd Nine Weeks	3 rd Nine Weeks	4 th Nine Weeks
Math:			
Reading:			
Science:			
Social Studies:			

Comments:

4 Nine Week Grades

1 st Nine Weeks	2 nd Nine Weeks	3 rd Nine Weeks	4 th Nine Weeks
Math:	Math:	Math:	
Reading:	Reading:	Reading:	
Science:	Science:	Science:	
Social Studies:	Social Studies:	Social Studies:	

Comments:

Documented Absences Excused/Unexcused

1 st Nine Weeks		2 nd Nine Weeks		3 rd Nine Weeks		4 th Nine Weeks	
REG. CLASS	SIP CLASS	REG. CLASS	SIP CLASS	REG. CLASS	SIP CLASS	REG. CLASS	SIP CLASS

Documented Disciplinary Concerns (date of referral)

CLASS	SIP CLASS	BEHAVIOR	CLASS	SIP CLASS	BEHAVIOR	CLASS	SIP CLASS	BEHAVIOR
		<i>Defiance</i>			<i>Incomplete HW</i>			<i>Tardiness</i>
		<i>Disrespect</i>			<i>Refusal to work</i>			<i>Bullying</i>
		<i>disruptive</i>			<i>Lack of supplies</i>			<i>Fighting</i>

Comment: _____

Bases on the documentation on page 1, the student needs assistance with the following:

Parent Contact(s) or Conference(s) dates and reason for contact: _____

WITHDRAWAL STATEMENT

I _____ parent /guardian of _____ wish to remove my son/daughter from the Scholar's In Progress Program effective immediately. I understand that I will have to follow procedures to have him/her identified if for some reason I wish to reinstate him/her to the Scholar's in Progress program.

Teacher: _____

SIP/GT Teacher: _____

AAS Director/Specialist: _____

Principal/AP: _____

Parent: _____

Student: _____

Follow up Meeting: yes or no

DATE: _____