**Documentation Form for a 9-week or Semester Failure**

**Deer Park ISD**

No teacher may fail a student without documentation of accommodations, attempts at intervention and without timely parental dialogue. Additionally, no one assignment, however large,

should jeopardize a student’s course credit.

*This document should be filed with the student’s case manager or counselor by the date determined.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |        |  | Grade Level: |        |  | Student IEP/504: |  Yes [ ]  |  or | No [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Teacher: |        |  | Class Title: |        |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Class Type: |  [ ]  Required |  [ ]  Elective |  | Grading period (check one):  |  [ ]  1st  |  [ ]  2nd  |  [ ]  3rd |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 3 week | 6 week | Final 9Week | 3 week | 6 week | Exam | SemesterFinal |
| LetterGrade? |       |       |       |       |       |       |       |
| Was an analysis of these grades done? | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Did you request for Parental Contact? | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Did the parent contact you? | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |

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| --- |
|  Academic Issues/Difficulty (check those that apply): |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  [ ] Foundation Skills |  [ ] Homework |  [ ] Tests |  [ ] Projects |  [ ] Classwork |  [ ] Motivation |  Other: |        |

|  |  |
| --- | --- |
|  Explain |        |

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| --- | --- | --- |
| **Interventions Attempted:** |  | Dates |
| Discussion with the student’s case manager/counselor | [ ] Yes [ ] No |       |
| Student-Teacher conferences | [ ] Yes [ ] No |       |
| Parent-Teacher face-to-face conference(s) | [ ] Yes [ ] No |       |
| Parent-Teacher telephone call(s) | [ ] Yes [ ] No |       |
| Student-Teacher tutoring session(s) | [ ] Yes [ ] No |       |
| Referral to after school tutoring program | [ ] Yes [ ] No |       |

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| Other Attempts at Differentiation, Interventions, Issues, and/or Accommodations: |
|       |

**Please include pertinent documentation (e.g., copy of the exams and/or tests, attendance record, parent and/or student conference notes, telephone note, accommodation documentation).**

Teacher Signature Date

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| --- |
|  **For Case Manager Use Only** **[ ] Approved** **[ ] Disapproved** **[ ] Referral to Administrator** |

|  |  |
| --- | --- |
|  Reason |        |

 Signature Date