

Date: \_\_\_\_\_



### **Request for Student Exclusion in Growth Calculations**

This form must be filled out to its entirety and presented to your principal before final growth calculations are determined.

<b>Student Name</b>	<b>Grade</b>	<b>Class</b>

**List the special circumstance(s) for exclusion:**

**List the occurrences or infractions (provide specific documentation):**

**List the interventions put into place** (An Intervention must be documented, please include frequency and outcome).

Date: \_\_\_\_\_

**Comments and Questions**

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\_\_\_\_\_ **Exclusion Approved**

\_\_\_\_\_ **Exclusion Denied**

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Services Signature**

\_\_\_\_\_  
**Date**