

Series 400 Students
Section 440 Student Rights and Responsibilities
Form 448F3 Student Retention K-8

Six Week Reassessment – Continued Specific Objectives

Student Name _____

A. List the successes and failures of the last six week objectives: (Include the reasons for failure whenever possible):

B. List specific areas of concern:

C. List new plan and on how specific objectives, materials and strategies are to be used to address areas of concern, and who will carry it out:

D. Document weekly communication between teacher and parent:

E. Signatures of school personnel involved:

Date of conference with student: _____ (If applicable)

Parent Signature: _____ Date _____