Appendix B – Elementary 4th-5th

*Circle the appropriate grading period:*

*1st 2nd*

To the parents of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child must meet specific promotion requirements in order to be promoted to the next grade. Your child is experiencing difficulty meeting the promotion requirements in one or more of the following areas as indicated by a check (🗸) mark.

1. Obtain a passing grade in

\_\_\_\_\_ Mathematics

\_\_\_\_\_ Language Arts

1. Obtain a passing grade in two of the following:

\_\_\_\_\_ Social Studies

\_\_\_\_\_ Science

\_\_\_\_\_ Health

**Reminder Regarding Additional State Promotion Requirements**

* No third grade student shall be promoted to the fourth grade that does not achieve grade level on the state-adopted assessment and meet the local promotion standards and criteria established by The Richmond County Board of Education. \*
* No fifth grade student shall be promoted to the sixth grade that does not achieve grade level on the state-adopted assessment and meet the local promotion standards and criteria established by The Richmond County Board of Education. \*

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teachers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please return this portion to your child’s teacher

\_\_\_\_\_\_\_\_ A parent conference has been scheduled to discuss your child’s progress. The conference is

scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please call the school to confirm your attendance.

(Date)

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_