

DODGE CITY MIDDLE SCHOOL
Summer School Recommendation Form 2019-2020

Student Name: _____ Team: _____ Grade: _____

OPTION 1: HIGH RISK – HIGHLY RECOMMENDED

The student is HIGHLY RECOMMENDED to attend summer school.

CRITERIA

FASTBRIDGE SCREENER	FALL SCORE	WINTER SCORE	TEACHER RECOMMENDATION
aReading			
aMath			

OPTION 2: SOME RISK - RECOMMENDED

It is RECOMMENDED that the student attend summer school based on the following criteria:

CRITERIA

FASTBRIDGE SCREENER	FALL SCORE	WINTER SCORE	TEACHER RECOMMENDATION
aReading			
aMath			

 Team Leader Date Administrator Date Parent Date

OPTION 3: PARENT REQUEST for OPTING OUT of HIGH RISK – HIGHLY RECOMMENDED

Parent requests that student be opted out of HIGH RISK – HIGHLY RECOMMENDED Summer School. The parent has been informed of the concerns from the student’s Academic Team regarding reading and/or math benchmark scores. The parent desires the OPT-OUT instead of the recommendation that the most appropriate decision for him/her is attending summer school.

 Team Leader Date Administrator Date Parent Date