## **RETENTION REQUEST**

## See policy book for further instructions.

Student name		Present age (year)	(month)
Birth Date Age		Age when entered 1st grade (year)	(month)
Present grade placement		_ School	
1.	Reason for Retention:		
2.	Attach a copy of the most recent Achieveme	nt test results to this form.	
3.	Teacher evaluation of scholastic needs:		
4.	Methods and materials presently used to me	eet student's needs:	
5.	Teacher's observation of social and emotion background:	al development, including attitudes ar	nd home
6.	Survey of past history in school:		
7.	Physical development (including any health	concerns):	

8.	Report of communication with parents (include dates, parents' reactions, etc.):		
9.	Recommendation of teacher:		
10.	Brief summary of suggested retention program:		
Teach	er's Signature	Date	
Princi	pal's Signature	Date	
We have discussed our child's academic achievements with the classroom teacher. We agree that our child should be retained depending on the decision of the Conference Office of Education and the school leadership.			
Paren	t's/Guardian's Signature	Date	
Paren	t's/Guardian's Signature	Date	
Education Committee Action Approved Denied Not Recommended, but allowed			
	Superintendent's Signature	Date	