

Gresham-Barlow SD 10

Code: **IKE-AR(2)**
 Revised/Reviewed: 1/23/15

Retention of Students**

The following form is to be completed by the individual referring the student for retention and submitted to the principal. If the principal and teacher are in agreement that further review is appropriate, the retention review process (IKE-AR (1)) will be initiated.

School: _____ Date: _____

Student's Name: _____ M F DOB _____

Teacher: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Parent Initiated? Yes No

Teacher Initiated? Yes No

Why is the student being referred for retention?

Identify specific interventions/strategies used to support student success at his/her current grade level.

| Description of Intervention/Strategies | Time frame of Intervention/Strategies | Progress Monitoring Results |
|--|---------------------------------------|-----------------------------|
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How do you think the retention will benefit the student?

What other information regarding the student and/or the family would be important in consideration for retention?

**Gresham-Barlow School District
Student Information Sheet for Retention**

Prior Retentions: Yes No If yes, what grades? _____

What is the student's home language? _____

Academic Status

Reading

1. Grade level skill Below Meets Exceeds

Measured by: _____

2. Trimester grade: _____ Completes daily work? _____

3. Concerns (if any): _____

Math

1. Grade level skill Below Meets Exceeds

Measured by: _____

2. Trimester grade: _____ Completes daily work? _____

3. Concerns (if any): _____

Study Skills (Rate Level of Competence in each area below 1-4): 1 = low level; 4 = very high level

1. On task _____

2. Follow directions _____

3. Responsible for own things _____

4. Completes work on time _____

Vision Normal Abnormal

Hearing Normal Abnormal

Attendance Present Absent

1st trimester _____

2nd trimester _____

3rd trimester _____

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Student Information Sheet for Retention**

Additional Data

1. Is the student currently on an Individual Education Plan (IEP) for special education services?
 Yes No If yes, what is his/her eligibility? _____

2. Is the student currently or ever been identified as an English Learner? Yes No
If yes, what is his/her current ELPA composite level? _____

3. Is the student currently identified as a Talented and Gifted student? Yes No
If yes, in what area(s)? _____

4. Is the student currently on a Section 504 Plan? Yes No
If yes, what major life function is impacted? _____
If yes, what accommodations are being made? _____

5. Has the student been referred for any of the above student services? Yes No
If yes, which student service made the referral? _____
What was the outcome? _____
