

**Retention for Students Grades 1-8\*\***

If a teacher feels it is in the student's best interest to repeat a grade level, the following steps must be taken:

1. By mid-February, teachers of retention candidates will have made initial contact with parents;
2. Retention candidates will be referred to the Building Support Team (BST) for staffing and intervention. The BST will use the retention checklist and the retention data collection form in compiling information about the student;
3. By mid-April, the second parent contact will be made and permission secured for retention testing;
4. The BST will review the information collected on each student, ensure that all necessary information is at hand, and make a tentative determination of the instruments to be used in the evaluation;
5. The testing team will conduct evaluations on identified students in each building;
6. At the conclusion of the testing, the testing team will review all information on the retention candidates and make recommendations known to the BST;
7. A conference with the parents of each student tested will be conducted;
8. Parent/Principal/Special services director endorsement/approval secured.

**RETENTION OF A STUDENT**

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Present Grade Level: \_\_\_\_\_ School Year: \_\_\_\_\_

Teacher: \_\_\_\_\_

After considerable professional deliberation regarding your student's progress, testing results and skill level, the recommendation has been made that \_\_\_\_\_ remain at his/her present grade level for the upcoming school year.

As was explained to you by your student's teacher, \_\_\_\_\_'s accomplishments are not meeting the standards of expected achievement for this year in school. This may result in more serious learning difficulties in the future without the recommended retention in his/her present grade level.

Please indicate your support or nonsupport of this recommendation below, and return this form to the school office no later than \_\_\_\_\_.

\_\_\_\_\_ I support the recommendation that my student remain at his/her present grade level for the upcoming school year.

\_\_\_\_\_ I do not support the recommendation that my student remain at his/her present grade level for the upcoming school year and require that my student be placed in the next grade level. In requiring this placement I voluntarily agree to assume all risks and/or liability associated with my decision. I voluntarily release the district, its employees, agents and representatives from all risk and/or liability associated with my decision.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Parent Signature

**OFFICE RETENTION NOTICE**

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Present Grade Level: \_\_\_\_\_

The criteria used in making a recommendation for the retention of this student are as follows (include behavior, classroom performance, skill levels, achievement test scores, etc.):

\_\_\_\_\_  
Teacher Signature

This form must be filled out on all recommendations for retention whether the student is actually retained or not. Submit to the principal by \_\_\_\_\_.