

**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. As soon as possible in the school year, retention candidates will be referred to the building Response to Intervention team(RTI) for staffing and intervention;
2. By mid-February, teachers of retention candidates will have made initial contact with parents;
3. The RTI will review the information collected on each student and ensure that all necessary information is at hand;
4. A conference with the parents of each student will be conducted;
5. Parent and principal approval will be based on the information provided.

**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 \_\_\_\_\_.