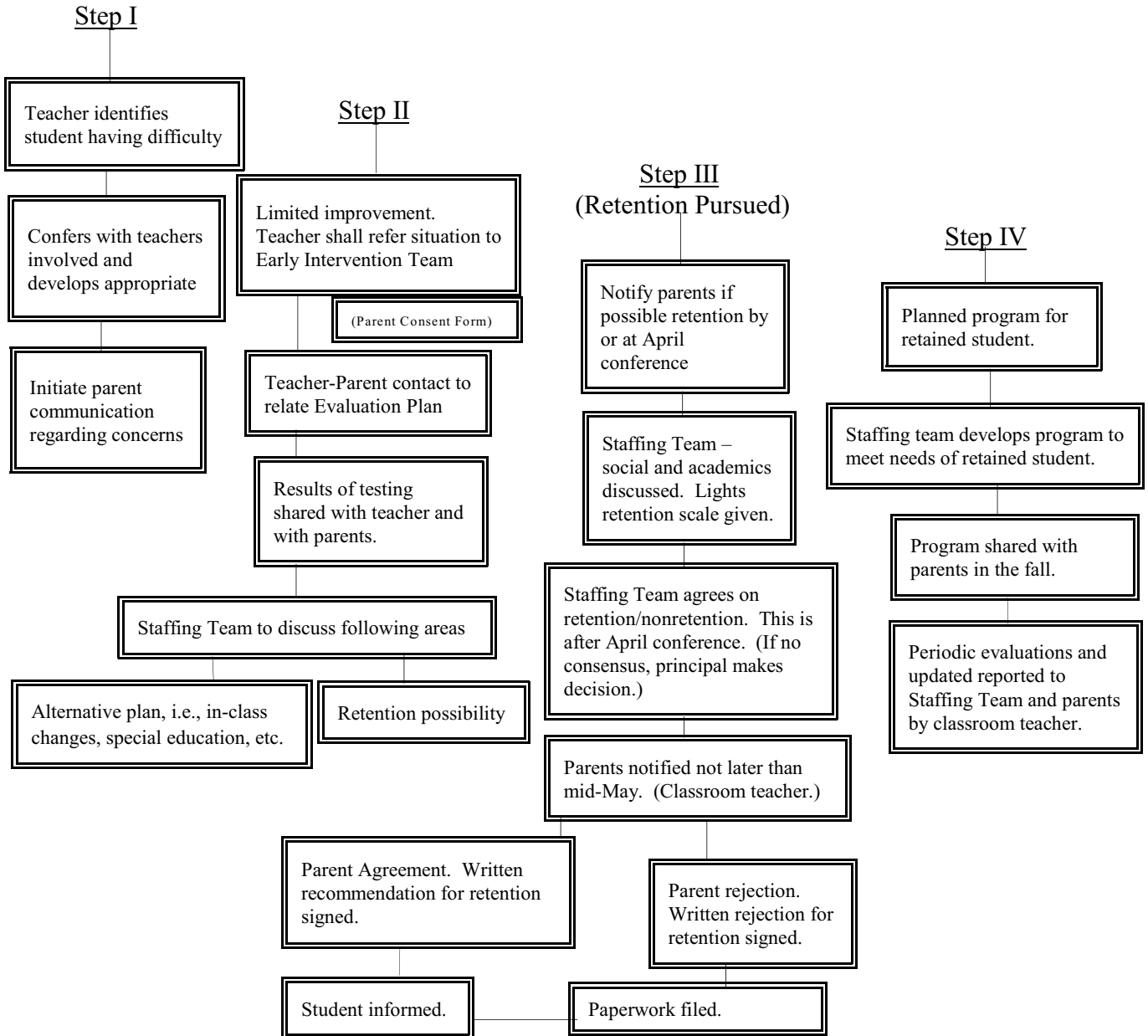


# Silver Falls School District 4J

Code: **IKE-AR**  
 Adopted: 5/9/89-E  
 Readopted: 9/8/97; 12/13/99

## Retention Procedures for Grades 1-8\*\*



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 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)

\_\_\_\_\_  
(Principal Signature)

\_\_\_\_\_  
(Parent Signature)