**(SCHOOL NAME)**

**RETENTION RECOMMENDATION FORM**

**Student Information**

Name

Grade Age Birthdate Homeroom

Name(s) of Parent(s)/Guardian(s)

Address Phone

Has this child ever repeated a grade? ❑ Yes ❑ No Which grade(s)?

**Evaluation**

Progress Monitoring Summary for past 12-months (Tool Used, Date of Assessment, Grade Equivalent):

Standardized Tests - Provide Grade Equivalency (G.E.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Math** | Reading | **Language Arts** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Concerns with Student Class Grades, Behavior, Attendance:

**Contact with Parents / Guardians This School Year**

Date Comments

Date Comments

**Additional Comments**

Date Parent Meeting Held to Discuss Possible Retention Based on the Information on this Form:

Signature Signature

 Principal Parent or Guardian

**Action Taken**

Date of Decision Decision: Repeat Grade or Promoted on Probationary Status