

North Santiam School District

Code: **IKE-AR(2)**
Revised/Reviewed: 11/19/15
Orig. Code(s): IKE-AR(2)

Student Retention Form

Student Name: _____

Student ID: _____ School: _____

Birth Date: _____ Age: _____

Sex: ☐ Male ☐ Female Date: _____

Days Tardy: _____ Absent: _____ Present: _____

Evaluation by Special Services: ☐ Yes ☐ No Year: _____

Grade of Nearest Young Sibling: _____ ☐ N/A

Previously Retained: ☐ Yes ☐ No Grade: _____

Number of Schools Attended this Year: _____

Previous Attempt to Retain? ☐ Yes ☐ No Grade: _____

Check each blank that applies:

Primary Reasons for Retention:

- ☐ Math skills
- ☐ Reading skills
- ☐ Language Arts skills
- ☐ Physical size
- ☐ Social maturity
- ☐ Opportunities and experiences
- ☐ Parent request
- ☐ Student effort to complete task
- ☐ Behavior and test data
- ☐ Result of SAT Process

Supporting Factors:

- ☐ Individual help
- ☐ Variety of teaching techniques
- ☐ Remedial assistance
- ☐ Extension of time
- ☐ Student conference
- ☐ Parent conference
- ☐ Resource room
- ☐ Counseling
- ☐ Chapter
- ☐ Tutor
- ☐ ESL
- ☐ Other _____

Notification to Parent/Guardian:

- Number of notifications: _____
- Manner of notifications:
- ☐ Telephone: Dates: _____
 - ☐ Student conference: Dates: _____
 - ☐ Parent conference: Dates: _____
 - ☐ Progress report
 - ☐ Letter: Dates: _____
 - ☐ Report card

Describe attitudes, motivation, behavior,
test data: _____

Contributing Factors

- ☐ Attention span
- ☐ Frequent change of schools
- ☐ Fine motor skills
- ☐ Gross motor skills
- ☐ Emotional maturity

☐ Other: _____

The following factors and data are provided to support the recommendation:

Academic maturity: _____

Intellectual maturity: _____

Physical maturity: _____

Social maturity: _____

Emotional maturity: _____

Parent support: _____

Attendance: _____

Mental development: _____

Sex: _____

Siblings: _____

Retention Decision
(Complete Before Signing)

Team Recommendation: _____

☐ Student Retained to Grade _____

☐ Student Not Accelerated

☐ **I accept** the team's recommendation that my student be retained.

☐ **I reject** the team's recommendation that my student be retained.

Teacher Signature Date

Principal Signature Date

Parent/Guardian Signature Date

Parent Comments: _____

Inter-Disciplinary Team Signatures

Date

Circle Recommendation

Agree

Disagree

		Agree	Disagree
		Agree	Disagree
		Agree	Disagree
		Agree	Disagree
		Agree	Disagree
		Agree	Disagree