

**RETENTION OF STUDENT IN ELEMENTARY SCHOOL**

NAME OF STUDENT \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_

PERSON RECOMMENDING RETENTION \_\_\_\_\_

1. Summarize the reasons for the recommendation to retain student.

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2. List all special remediation programs the student has participated in during this school year.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

3. Identify any special program/technique recommended for this student in a retained placement.

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4. The necessary student records have been reviewed and conferences were held as indicated:

Conference Date	Personnel Present	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. After reviewing all pertinent records and information, I approve retaining

\_\_\_\_\_ in grade \_\_\_\_\_ for the school year \_\_\_\_\_

	Yes	No
_____ Principal	_____	_____
_____ Teacher	_____	_____
_____ Counselor	_____	_____
_____ Parent/Guardian	_____	_____**

**\*\*IF "NO" - COMPLETE THE PARENTAL WAIVER BELOW:**

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**PARENTAL WAIVER**

We (I) request our child's (retention) (promotion) with the full understanding that this is against the recommendation of the certified school instructor(s) and school principal.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date