## **Retention Request**

Must be completed by April 30 of the school year prior to implementation of the plan.

Name of Student	
School	
Date of Birth	
Age (in years and months)	
Current Grade	
Years in Current School	
Has this student been retained before?	<ul> <li>Yes Where and When?</li> <li>No</li> </ul>
Union Adopted Standardized Test RIT Scores	Language Usage Reading Math
Test administered within the last 45 days. (WRAT-4 - Contact Education Office)	Name of test
Current Reading Level	

Specify reason(s) for retention request, i.e., (a) Reading (b) Math (c) Maturity, etc.	
If Light's Retention Scale was used, attach a copy and summarize the results.	
State your professional evaluation of this student's performance in the present grade, especially focusing on reading and math.	
Comment on: (a) Physical size and development (b) Social maturity (c) Emotional maturity	
Please specify student's instructional needs that are to be reinforced during repeat year. If appropriate, list materials and/or approaches that will be used.	
Reading	
Math	
Other	

School Recommendation	After careful evaluation of this student's needs, we recommend this retention plan.
	Teacher Signature Date
	Principal Signature Date
Parent Recommendation	<ul> <li>Yes We agree that our child be retained in his/her current grade for the school year.</li> <li>No We do not want our child to be retained for the following reason(s):</li> <li>Parent Signature</li> <li>Date</li> </ul>
Northern California Conference Recommendation	In accordance with the Pacific Union Education Code, Section C15-120, permission to retain the above-mentioned student is:          Granted         Denied
	Superintendent Signature Date



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