



**Adventist Education**

## Retention Request

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Student's Full Name

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Date of Birth

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Present Grade

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Present Age (Years/Months)

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Age Entered 1<sup>st</sup> Grade (Years/Months)

1. Reason for requesting retention:

2. Last date MAP test administered: \_\_\_\_\_

Math Student Profile: Growth/Achievement Percentile: \_\_\_\_\_

Reading Student Profile: Growth/Achievement Percentile: \_\_\_\_\_

Language Usage Student Profile: Growth/Achievement Percentile: \_\_\_\_\_

Science Student Profile: Growth/Achievement Percentile: \_\_\_\_\_

(Attach copy of Student Profile)

3. Teacher evaluation of scholastic needs:

4. Methods and materials used to meet special needs:

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- 5. Teacher’s evaluation of social and emotional development, including attitudes and home background:
  
  
  
  
  
  
  
  
  
  
- 6. Survey of past history in school:
  
  
  
  
  
  
  
  
  
  
- 7. Physical development of student (including any health concerns)
  
  
  
  
  
  
  
  
  
  
- 8. Dates of communication with parents and their reactions:
  
  
  
  
  
  
  
  
  
  
- 9. Recommendation of teacher:

\_\_\_\_\_

Teacher’s Signature

Date

\_\_\_\_\_

Principal’s Signature

Date

*We have discussed our child’s academic needs with the classroom teacher and have been made aware of the necessity for more instruction. We agree that our child should be retained understanding that such a placement is subject to approval by the Conference Office of Education and the school leadership.*

\_\_\_\_\_

Parent or Guardian Signature

Date

\_\_\_\_\_

Parent or Guardian Signature

Date

__ Approved    __ Denied	
_____	_____
Date	Superintendent’s Signature