

Retention Request

I, _____, parent/teacher recommend that _____ be retained at his/her present grade level, ____ for the 20__- 20__ school year. Listed below are reasons for this recommendation:

1. _____

2. _____

3. _____

4. _____

5. _____

6. Light's Retention Scale Score (0-89) _____
(see interpretation guidelines/Form B)

A committee consisting of the student's teacher(s), principal, counselor and parent will confer, review this request and make a decision concerning this request.

(person making request)

Return to the principal

(date)

Committee Decision on Retention

It is the recommendation of this committee that _____ be retained in grade _____ for the school year 20__ - 20 __. Listed below are the factors relating to this decision:

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

6. Light's Retention Scale Score (0-89) _____
(see interpretation guidelines/FormB1)

This decision was made following much thought and consultation among the school authorities and parents. It is _____/is not _____ the feeling of the committee that the retention is in the best interest of the above student.

Parent Date

Teacher Date

Counselor Date

Principal Date

Original to Superintendent
1 copy to parent
1 copy to teacher
1 copy to principal
District #001, Woods County, Oklahoma