

INDEPENDENT SCHOOL DISTRICT 196
Rosemount, Minnesota
Educating our students to reach their full potential

Series Number 602.5.1.2P Adopted October 2006 Revised _____

Title **Summary of Decision Not to Proceed with Retention Assessment**

Date: _____

Dear Parent/Guardian,

The preassessment team has reviewed the retention request for _____.
Student name

A decision has been made not to proceed with the retention assessment. The reasons for not proceeding with the assessment are as follows: _____

If you have any questions, please call _____

at (_____) _____.
phone number

Sincerely,

Signature of Principal