

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

Series Number **602.5.1P** Adopted **October 2006** Revised _____

Title **Request for Consideration of Retention**

To be completed by preassessment team:

Student's name _____ Birthdate _____
(please print) first last

Grade _____ School _____

Names of parent(s)/guardian(s) _____

Address _____ Phone (____) _____

1. Reason(s) why retention is being considered:

2. What alternatives/interventions have been tried to meet the student's needs?

3. Standardized test data:

4. Other test data or pertinent information (Light's Retention Scale):

_____, _____
_____, _____
_____, _____
_____, _____
Signatures of Preassessment Team Members Title

Please check one:

- Refer to Child Study
- Complete 602.5.1.2P, Summary of Decision not to Proceed with Retention Assessment
- Complete 602.5.1.3P, Permission for Retention Assessment

Date of pre-referral meeting

Signature of Principal