

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

Series Number **602.5.3P** Adopted **October 2006** Revised \_\_\_\_\_

Title **Notice of Meeting for Consideration of Retention** \_\_\_\_\_

Date: \_\_\_\_\_

Dear \_\_\_\_\_,  
parent/guardian

We have scheduled a meeting to review the grade retention assessment for your child,  
\_\_\_\_\_ as follows:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

If you are unable to join us at that time, please call \_\_\_\_\_  
case manager

at ( \_\_\_\_\_ ) \_\_\_\_\_ to arrange a different time.  
phone number

Sincerely,

\_\_\_\_\_  
Signature of Principal

Copy: Assessment Team members