

Retention Assessment

Name: _____ Birthdate: _____

Grade: _____ Completed By: _____
 Classroom Teacher

- 1) Relevant family information: Siblings, (name, age, grade), family construction, etc.
- 2) Relevant medical information: (Hospitalizations, hearing/vision problems, medications, allergies)
- 3) Past educational information: (Check cum folder and sign confidentiality sheet)

Pre-school attendance (if any): Past and/or present attendance record:
 Year _____
 Days missed (Unexcused/excused) _____

Previous schools attended: Days tardy _____
 Year _____
 Days missed (Unexcused/excused) _____
 Days tardy _____

Maturity Level

- 1) Social Maturity: (Self confidence, motivation, behavior with peers, etc.)
- 2) Developmental Maturity: (Fine-gross motor skills, attention span, physical size, etc.)
- 3) Academic Maturity (skill level):

Reading (readiness level)	Sight voc.
Math (readiness level)	Comprehension
Colors	Verbal expressions

- 4) Strengths:
- 5) Weaknesses:

- 1) Identify suspected disabilities:
- 2) Parent contact and reaction:
- 3) List specifically, but briefly your attempts to induce progress with this child.
 (Curriculum adjustments, tutoring, physical placement, etc.)
- 4) Briefly state your primary reason for considering retention for this child.

This information has been shared with me on _____.

Teacher

Parent

I _____ agree _____ disagree with the recommendation to have my child repeat _____ grade.

Parent

Principal's recommendation is:

_____ child be promoted

_____ child be retained

Principal