

Student Retention Request
 North Kitsap School District
 18360 Caldart Avenue NE
 Poulsbo, WA 98370

2421F

Name of Student: _____ Date: _____

Date of Birth: _____ Age: _____ Current Grade: _____

School Attending: _____

Previously Retained? Yes No If yes, the grade repeated was: _____

Request Initiated By: Staff Parent/Guardian

Areas of Concern:

- | | | |
|--|--|---|
| <input type="checkbox"/> Math Skills | <input type="checkbox"/> Reading Skills | <input type="checkbox"/> Language Arts Skills |
| <input type="checkbox"/> Physical Size | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Ongoing Health Condition |
| <input type="checkbox"/> Motor Skills | <input type="checkbox"/> Attention/Focus | <input type="checkbox"/> Attendance |

Other Concerns: _____

Interventions Implemented to Date:

- | | | |
|--|--|---|
| <input type="checkbox"/> Classroom Interventions | <input type="checkbox"/> District Program (Title/LAP) | <input type="checkbox"/> Student Learning Plan |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Counseling (school or parent) | <input type="checkbox"/> Behavior Intervention |
| <input type="checkbox"/> ELL Program | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Tutoring (parent provided) |

Other Interventions: _____

Current Year Academic Data (Complete all that apply):

Assessment Instrument	Fall	Winter	Spring
Math Benchmarks			
Reading Benchmarks			
DIBELS			
SBA			
Other Assessments:			

Date student concern first brought to Teacher Assistance Team: _____

Dates when retention was discussed with parents: _____

In accordance with district policy 2421, and after careful consideration, we agree/disagree that retention in the same grade for the next school year is in the best interest of this student.

 Parent/Guardian Agree Disagree Teacher Agree Disagree

 Support Staff Agree Disagree Support Staff Agree Disagree

Student retention is: Approved _____ Denied _____

Student will be placed in _____ grade for the _____ school year

 Principal _____ Date _____

 Superintendent or Designee _____ Date _____