

Walla Walla Public Schools

FORM – GRADE LEVEL RETENTION SUMMARY

Form: 2421

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Student's Name (as listed in Skyward) _____ SSID: _____

Date: _____ Grade: _____ Birthdate: _____

Parent/Guardian Name: _____ Teacher: _____

Your child was recommended for retention by the Student Teacher Assistance Team (STAT).
Below are the factors that were considered:

- ☐ Daily attendance record: _____
- ☐ Academic Concerns: _____
- ☐ Academic Interventions received: _____
- ☐ Assessment Scores: _____
- ☐ Student Teacher Assistance Team (STAT) recommendation
- ☐ Parent recommendation
- ☐ Light's Retention Scale: Score of _____ identifies your child as a _____ candidate.
- ☐ Other: _____

Comments:

The student would benefit from another year in _____ grade.....

		Agree	Disagree
_____ Parent	_____ Date	☐	☐
_____ Teacher	_____ Date	☐	☐
_____ Learning Specialist	_____ Date	☐	☐
_____ Principal	_____ Date	☐	☐
_____ Director of Teaching and Learning	_____ Date	☐	☐