

Ohio Conference Office of Education

RETENTION REQUEST
(Due in Conference by March 15)

Retention requests will only be considered if

1. There has been an evaluation by the local public school psychologist and that person recommends retention.
2. ITBS and Proficiency test results support retention.
3. Parent agrees with retention and signs the forms.

Student Name _____ Present Age (year) _____ (month) _____

Birthdate _____ Age when entered kindergarten (year) _____ (month) _____

Present Grade Placement _____

1. Reason for retention:

2. Attach copy of most recent ITBS results.

3. Teacher's evaluation of scholastic needs:

4. Methods and materials used to meet special needs:

5. Teacher's evaluation of social and emotional development, including attitudes and home background:

(Continued on back)

- 6. Survey of past history in school:

- 7. Physical development (including any health concerns):

- 8. Dates of communication with parents and their reactions:

- 9. Recommendation of teacher:

- 10. Recommendation of school psychologist. Attach signed documentation.

Teacher's Signature _____ Principal's Signature _____

We have discussed our child's academic needs with the classroom teacher and have been made aware of the necessity for more instruction. We agree that our child should be retained depending on the decision of the Conference Office of Education and the school leadership.

Parent's Signature _____

Education Committee Action

Approved

Denied

Signed _____

Date _____

Title _____