



# Indiana Conference of Seventh-day Adventists®

## Request to Retain a Student

*(Must be submitted to the Superintendent no later than April 15)*

### Part I: Background Information

Student's Name: \_\_\_\_\_ What Grade He/She Currently is In: \_\_\_\_\_

Student's Birthdate \_\_\_\_\_ Number of Years in This School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ School's Name: \_\_\_\_\_

**Part II: Rationale** - *Please summarize why you believe this student should be retained. Please describe things you have observed, ITBS scores, other testing that has been done, grades earned, the quantity and quality of assignments completed, and any other information you believe is relevant. Please attach supporting documents.*

**Part III: Interventions Already Tried** – *Please summarize the various strategies you have already tried in your attempts to remedy this situation. Include your assessment of which strategies have or have not been helpful. Please include information about the student's IEP if he/she has one. Please attach documentation as needed.*

**Part IV: Proposed Plan of Action** – *Please select (X) one of the two plans shown below. Add or attach comments and additional information as needed.*

\_\_\_\_\_ The parent will provide intensive tutoring this summer in the areas identified below. The student will be tested prior to the start of the school year. If he/she is at the \_\_\_\_\_ grade level or higher, he/she will not be retained. If he/she has not achieved the specified grade level or higher, he/she will be retained. The Wide Range Achievement Test (or mutually-acceptable alternate assessment) will be used to determine grade level. Subject areas for remediation and testing:

\_\_\_\_\_ I agree that the school has exhausted all other reasonable methods of remediation. We agree that our child will be retained one grade level, effective \_\_\_\_\_ (date retention will take effect).

### Part V: Verification of Due Process and Agreement

By my signature affixed below I verify that I have been fully informed of and support the reasons why my (this) child should be retained, the interventions that have already been tried, and the Proposed Plan of Action.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_