

Southeastern California Conference
Office of Education
APPLICATION FOR STUDENT RETENTION K-8
In accordance with the policies contained in the Pacific Union Conference
EDUCATION CODE #2138

This form is to be completed, signed and returned to SECC Office of Education by the 1st week of May.

School _____ Date _____

Student _____ Grade _____

Date of Birth _____ Age _____ Total Years in School _____

1. State reasons why retention seems advisable. _____

2. Indicate results of a standardized achievement test which has been administered within the last calendar year.
Name and Form of Test _____ Date Administered _____

Total Reading _____ Total Language _____ Total Math _____ Composite _____

3. Give a brief evaluation of student's performance in present grade. Include levels of reading and mathematics as well as specific weaknesses. _____

4. Has the student been previously retained? _____ When? _____

5. List dates on which parents and student have been advised of possible retention.
1st quarter _____ 2nd quarter _____ 3rd quarter _____ 4th quarter _____

After counseling with the teacher and principal, we agree or do not agree to this recommendation for retention because:

Date

Signature of Parent

6. Outline proposed changes, on the backside of this form, showing the student's program if retention is approved.

After careful evaluation, it is my recommendation that this student be retained.

_____ *Date* _____ *Signature of Teacher*

_____ *Date* _____ *Signature of Principal*

To be completed by SECC Office of Education before a student is permitted to be retained.

Application approved _____ *Application denied* _____

_____ *Date* _____ *Signature of Associate Superintendent*