

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 _____

I have discussed the issue of retention with the superintendent assigned to the school before the start of 4th Quarter
 Yes No

1. Has this student ever been tested for a learning disability? Yes No

If yes, give the organization, date and findings below:

2. State reasons why retention seems advisable. Please be specific. _____

3. 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 _____

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

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

6. 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

7. Outline proposed changes, below, 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.	
<i>Application approved</i> _____	<i>Application denied</i> _____
<i>Date</i> _____	<i>Signature of Associate Superintendent</i> _____