

**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.  
1<sup>st</sup> quarter \_\_\_\_\_ 2<sup>nd</sup> quarter \_\_\_\_\_ 3<sup>rd</sup> quarter \_\_\_\_\_ 4<sup>th</sup> 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*