



Retention Request
2022-2023 School Year

Student Name: _____ Age: Year _____ Month _____

Birth Date: _____ Age when entered 1st Grade: Year _____ Month _____

Present grade placement: _____

Date most recent MAP test: _____

- Attach copies of the most recent MAP Growth test report.

Reason for Retention: _____

Teacher evaluation scholastic needs: _____

Methods and materials used to meet special needs: _____

Teacher evaluation of social and emotional development, including attitudes and home background: _____

Survey of school history: _____

Physical development (including health concerns): _____

Report of communication with parents:

- Include dates, parent's reactions, etc. _____

Recommendation of teacher: _____

Teacher Signature: _____

Principal/Head Teacher Signature: _____

For the Parent:

We have discussed our child's academic achievements 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 Montana Conference of Education and the school leadership.

Parent's Signature(s): _____

For Board of Education:

Board of Education Action: Approved: _____ Denied: _____

Signed: _____ Date: _____