
PARENT NOTIFICATION OF RECOMMENDATION FOR RETENTION

Name of Student _____ Grade _____

Summary of Initial Conference: _____ Conference Date: _____

Summaries of Follow-up Conferences (Include dates): _____

Final Recommendation of School District Review Team: _____

Members of School District Review Team: _____

Final Parent/Guardian Response: I understand the information and recommendation of the School District Review Team. Upon consideration of specific characteristics of my child, I do _____ do not _____ concur that my child should be retained in the _____ grade. I wish to have my child promoted to the _____ grade.

Other Parent Comments: _____

Signature of Parent(s)/Guardian(s) _____

_____ Date _____

Final District Decision: The student will be promoted _____ retained _____.

Date: _____ Signature of Principal: _____