

Great Falls School District

Student Retention Worksheet

2421F

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Student's Name: _____

Grade Teacher/Team: _____ Student I.D. # _____

Parent's Name: _____

School: _____

Age: Years _____ Months _____ Birthdate _____

Dominant (primary) Language of Student: _____

Environmental Factors

Attendance: Present Year _____ Previous Year _____

Tardies: Present Year _____ Previous Year _____

Siblings: (Grade in School): _____

Other Special Services & Programs: _____

School Staff Observations

I. Academic Achievement

Comments:

IXL: _____

MAP Data: _____

SBAC:

Other Relevant Assessment Data: _____

II. Social/Emotional Behavior

Comments: _____

III.. Light's Retention Score: _____ (Attach Completed Scale)

1
2 IV. Interventions: (Attach Current CLP)

3
4 Parent Participation

5
6 I. Describe Parents' Perceptions and Concerns: _____

7
8 II. Summary of Parent//Teacher Communication: _____

9
10 III. Parental Input: _____

11
12 Steps for Retention

13
14 1. Cumulative File Review Date: _____

15
16 2. Teacher/Principal Conference Date: _____

17
18 3. Teacher/Parent Conference Date: _____

19
20 4. Retention Child Educational Team Date: _____

21
22 5. Decision Date: _____

23
24 6. CLP Develop Date: _____

25
26 Educational Team Recommendations:
27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____

35 <u>Signatures</u>	<u>Agree</u>	<u>Disagree</u>
36 Parent/Guardian: _____	<input type="checkbox"/>	<input type="checkbox"/>
38 Parent/Guardian: _____	<input type="checkbox"/>	<input type="checkbox"/>
40 Teacher: _____	<input type="checkbox"/>	<input type="checkbox"/>
42 Teacher: _____	<input type="checkbox"/>	<input type="checkbox"/>
44 Teacher: _____	<input type="checkbox"/>	<input type="checkbox"/>

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1	Teacher: _____		
2		<u>Agree</u>	<u>Disagree</u>
3		<input type="checkbox"/>	<input type="checkbox"/>
4	Administrator: _____		
5		<input type="checkbox"/>	<input type="checkbox"/>
6	Counselor: _____		
7		<input type="checkbox"/>	<input type="checkbox"/>
8	Other: _____		
9		<input type="checkbox"/>	<input type="checkbox"/>
10	Other: _____		

11
12 Additional Comments/Dissenting Opinion
13
14 _____
15 _____
16 _____

17
18 Appeal Filed ____ Yes ____ No _____ Date
19
20

21 **Distribution: White – Parent Copy; Yellow – Student’s Cumulative File; Pink – Office Copy**

<input type="checkbox"/>	<input type="checkbox"/>
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