

# Student Retention Form

Student's name \_\_\_\_\_ Date \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Teacher \_\_\_\_\_

Age: Years \_\_\_\_\_ Months \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Student's primary language is: \_\_\_\_\_ English \_\_\_\_\_ Other: please specify \_\_\_\_\_

Does the student have:

\_\_\_\_\_ Vision problems Describe \_\_\_\_\_

\_\_\_\_\_ Hearing problems Describe \_\_\_\_\_

Is the student enrolled in any of the following special services?

\_\_\_\_\_ Learning Disabilities

\_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Speech & Language

\_\_\_\_\_ Physical Therapy

\_\_\_\_\_ Emotionally Disturbed

\_\_\_\_\_ Adaptive Physical Education

\_\_\_\_\_ Cognitively Disabled

\_\_\_\_\_ Tutor

\_\_\_\_\_ Title I

\_\_\_\_\_ Other: Specify \_\_\_\_\_

## A. Academic Achievement

	Current Program/Series/Etc	Grade or Functioning Level
Reading	_____	_____
Math	_____	_____
Language	_____	_____
Social Studies	_____	_____
Science	_____	_____
Functional Level of Written Work	_____	

## B. Assessments (Summarize and/or attach copies of the following test results)

- 1) List results of any standardized or criterion referenced tests. (Include Standardized Tests, Kindergarten Screening, Academic Readiness, and Kindergarten Readiness.)

Date	Test	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 2) List results of any psychological evaluations.

Date	Test	Results
_____	_____	_____
_____	_____	_____

- 3) List results of evaluation of reading tests.

Date	Test	Results
_____	_____	_____
_____	_____	_____

- C. List interventions previously or currently attempted.

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- D. Parent Involvement

- 1) Indicate parent contacts (include conference, phone conversations, and dates).

Contact	Date
_____	_____
_____	_____
_____	_____

- 2) Summarize parent comments

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