

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.

- D. Parent Involvement

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

Contact	Date
_____	_____
_____	_____
_____	_____

- 2) Summarize parent comments
