

Montana Conference Office of Education  
**RETENTION REQUEST**  
(SEE POLICY BOOK FOR FURTHER INSTRUCTIONS)

Student name: \_\_\_\_\_ Present age: (year) \_\_\_\_\_ (month) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age when entered 1<sup>st</sup> grade: (year) \_\_\_\_\_ (month) \_\_\_\_\_

Present grade placement: \_\_\_\_\_

1. Reason for retention:

2. Date ITBS test given: \_\_\_\_\_

3. Attach copies of ITBS testing strip:

4. Teacher evaluation of scholastic needs:

5. Methods and materials used to meet special needs:

6. Teacher's evaluation of social and emotional development, including attitudes and home background.

7. Survey of past history in school:

8. Physical development (including any health concerns):

9. Report of communication with parents (include dates, parents reactions, etc):

10. Recommendation of teacher:

Teacher's Signature: _____
Principal's Signature: _____
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 Conference Office of Education and the school leadership.
Parent's Signature (s) _____ _____
Education Committee Action:      Approved:      Denied:
Signed: _____
Date: _____