Sample Student Retention Policy

	ed exceptions to these procedures may be made in special situations (i.e. special students) with the approval of the school principal and Superintendent of Education.
1.	If the student is failing to make normal progress, the parents must be notified early, so that the school and home may cooperate in helping him/her achieve greater success.
2.	Most retention should be at the primary level. However, older students may be considered if it is strongly felt that retention will help the student.
3.	No student shall be retained more than one year.
4.	Light's Retention Scale, or another formal assessment, must be completed prior to the teacher/principal conference.
5.	The teacher is to discuss possible retention with the principal prior to discussion with the parent.
6.	A Student Retention Request form and Parent Consent Form for Retention must be on file at the school with a copy sent to the Conference Office of Education by April 15.
7.	The Conference Office of Education will evaluate the retention request and communicate the decision to the principal with a copy to the classroom teacher.
8.	Parent notification of the recommendation to retain is to be given as early as possible in the school year, but no later than April 30.
9.	If an appeal process is requested, a review committee will be appointed by the Superintendent of Education.
1	ditional information regarding Student Retention is on pages 42-45 of the NPUC acher Handbook located on the NPUC website.

Student Retention Request

North Pacific Union Conference

Stude	ent's Name			Grade	Date	
Student's Birthdate				st Grade	years	
Parer	nt (s) Names					
	Siblings				omments	
I.	School Staff Observations					
	Vision Problem	yes/no	Describe			
	Hearing Problem	yes/no	Describe			
	Speech/Language Problem	yes/no	Describe			
	.,,	,, -				
	Diagnosed Learning Disability	vos/no	Describe			
	Diagnosed Learning Disability	yes/110	Describe			

Reading Level		
Math Level		
Language Leve	el	
Written Work		
Reason for ret	tention	
Formal Assess	sment Results	
	sment Results	Date Assessment Completed
Test used		
Test used		Date Assessment Completed outline results
Test used		

III. Previous Attempts to Assist Student (describe frequency)

	Current Year	Previous Year
Special Education		
Speech Therapy		
Tutoring		
Other		

IV. Academic Plan

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VI.

Describe the academic plan for this student in a retention program including an appropriate time line for completion.

Subject	Academic Plan	Projected Date of completion
Bible		
Language Arts		
Math		
Science		
Social Studies		
	conferences this year	
Parent Signature moni ia	st conformed	
Results of conferences _	st conference	
Steps for Retention		
Steps for Retention Teacher/principal confe		Date

Decision _____ Date _____

Parent Consent Form for Retention

School	Date
Stude	ent Retention
As a follow-up to our previous conversation	, I (agree) (do not agree*) with the
recommendation that	be retained in grade
for the school year.	
Parent/Legal Guardian	Date
Teacher	Date
Principal	Date
Parent/Legal Guardian Statement (use back	of page if needed)

c: Superintendent of Education Principal Student's cumulative folder

^{*}In the event the decision of the principal and the conference office of education is to retain the student without parent/guardian agreement, the parent/guardian may appeal the decision through the conference office of education. A review committee, appointed by the Superintendent of Education, will study the information and make a recommendation. Final decision rests with the school authorities.