

(Policy 5200.00)

MOSCOW SCHOOL DISTRICT NO. 281

STUDENT RETENTION FORM

Student’s Name _____ Grade _____ Date _____

Reasons for Retention:

Test Information:

Parent-Staff Conference Dates and Results:

Specific Skills Required for Promotion:

Anticipated Program Description to Address Skill Deficiencies:

	Agree	Disagree
_____	_____	_____
Parent/Guardian		
_____	_____	_____
Principal		
_____	_____	_____
Classroom Teacher		
_____	_____	_____
Counselor		