

**Retention Recommendation**

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Reasons for retention recommendation:

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Test scores, MAP scores, attendance report, or other data scores to support recommendation:  
(attach copies to this form)

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Dates when parents were contacted about the concerns: (attach parent contact documentation)

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Date when SAT referral was made and result of SAT meeting/s:

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Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_