Student Retention Request
North Kitsap School District
18360 Caldart Avenue NE
Poulsbo, WA 98370

Name of Student: _____ Date:_____

Date of Birth: _____ Age:_____ Current Grade:_____

School Attending:_____

Previously Retained? ☐ Yes ☐ No If yes, the grade repeated was: _____

Request Initiated By: ☐ Staff ☐ Parent/Guardian

Areas of Concern:

☐ Math Skills ☐ Reading Skills ☐ Language Arts Skills
☐ Physical Size ☐ Social Skills ☐ Ongoing Health Condition
☐ Motor Skills ☐ Attention/Focus ☐ Attendance

Other Concerns: _____

Interventions Implemented to Date:

☐ Classroom Interventions ☐ District Program (Title/LAP) ☐ Student Learning Plan
☐ Special Education ☐ Counseling (school or parent) ☐ Behavior Intervention
☐ ELL Program ☐ Occupational Therapy ☐ Tutoring (parent provided)

Other Interventions:_____

Current Year Academic Data (Complete all that apply):

Assessment Instrument	Fall	Winter	Spring
STAR Math			
STAR Reading			
DIBELS			
SBA			
Other Assessments:			

Date student concern first brought to Teacher Assistance Team: _____

Dates when retention was discussed with parents: _____

In accordance with district policy 2421, and after careful consideration, we agree/disagree that retention in the same grade for the next school year is in the best interest of this student.

_____ ☐ Agree ☐ Disagree _____ ☐ Agree ☐ Disagree
Parent/Guardian Teacher

_____ ☐ Agree ☐ Disagree _____ ☐ Agree ☐ Disagree
Support Staff Support Staff

Student retention is: Approved _____ Denied _____

Student will be placed in _____ grade for the _____school year.

_____ _____
Principal Date