

# RETENTION/ GRADE REASSIGNMENT

When it is felt necessary to retain a student or reassign a student to a lower grade level, the following request shall be submitted to the Texas Conference Office of Education, P O Box 800, Alvarado TX 76009. This form is due no later than April 1<sup>st</sup>.

**Students Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Present Grade** \_\_\_\_\_

Evaluation of present academic achievement: (Include all information that will be helpful in making decision for the student, ie. Rank in class, achievement test scores, etc. Use additional pages as necessary.)

SCHOOL: \_\_\_\_\_

1. Teacher evaluation of present social and emotional development.
2. Methods used now and throughout the school year to meet student's special needs.
3. Survey of past history in school.
4. Report of communication with parents (include dates, parents' reactions, etc).

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Retention Approved \*\* Date: \_\_\_\_\_

\_\_\_\_\_ Retention Denied Date: \_\_\_\_\_

\*Must have parent and Superintendent's approval before retention to take place

\*\* Attach copy of Retention Form to School Register

[education@txsda.org](mailto:education@txsda.org)