

# Walla Walla Public Schools

## FORM – GRADE LEVEL RETENTION SUMMARY

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Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Your child was recommended for retention by the Student Teacher Assistance Team (STAT).  
Below are the factors that were considered:

- Daily attendance record: \_\_\_\_\_
- Academic Concerns: \_\_\_\_\_
- Academic Interventions received: \_\_\_\_\_
- Assessment Scores: \_\_\_\_\_
- Student Teacher Assistance Team (STAT) recommendation
- Parent recommendation
- Light's Retention Scale: Score of \_\_\_\_\_ identifies your child as a \_\_\_\_\_ candidate.
- Other: \_\_\_\_\_

Comments:

The student would benefit from another year in \_\_\_\_\_ grade.....

		Agree	Disagree
_____ Parent	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Teacher	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Learning Specialist	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Principal	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>
_____ Director of Teaching and Learning	_____ Date	<input type="checkbox"/>	<input type="checkbox"/>