

RECOMMENDATION FOR RETENTION FORM **345.4 Exhibit 3**

It is recommended that _____ be retained in grade _____
for the _____ - _____ school year.

_____ Agree I, the parent/guardian of _____
agree to the recommendation of retention.

Parent's/guardian's signature: _____ Date: _____

OR

_____ Disagree I, the parent/guardian of _____, do
not agree with the recommendation of retention.

Parent's/guardian's signature: _____ Date: _____

Placement decision: _____

Additional Comments:

Signature and Title of Group Members:

cc: Student Cumulative File