

Sequim School District No. 323 "Engage Empower Thrive"

503 North Sequim Avenue, Sequim, WA 98382 Telephone: (360) 582-3260, FAX: (360) 683-6303 www.sequimschools.org

Request for Retention

The Sequim School District is committed to academic and personal success for every student. This includes providing education with high academic standards and rigor which will promote the maximum academic, social-emotional, and physical development of each student.

Name of Student:	Date of Birth:
Current Grade Placement:	Requested Grade/Subject Area:
Timeline for Requested Change: Current School Year	Next School Year
School:	Teacher/Team:
Parent/Guardian:	
Address:	

Phone Number(s):

On reverse side of this form, give specific examples that you have observed of how this student is currently performing in class. In your narrative describe each of the following:

- 1. Overall academic performance
- 2. Ability to work independently
- 3. Motivation level
- 4. Oral and written communication skills
- 5. Social/Emotional development
- 6. Attendance/Mobility

Name of Person(s) Submitting Request:

Relation to Student:

Date:

Please complete the reverse side of this form and attach any other pertinent information.

1. Overall academic performance

2. Ability to work independently

3. Motivation level

4. Oral and written communication skills

5. Social/Emotional development

6. Attendance/Mobility

Please submit completed form to the building principal.

(Principal, please refer to procedure 2421P for next steps.)

Form should be retained in students cumulative file