

INDEPENDENT SCHOOL DISTRICT 196
Rosemount, Minnesota
Educating our students to reach their full potential

Series Number 602.5.1.3P Adopted October 2006 Revised _____

Title Permission for Retention Assessment

Date: _____

Dear Parent/Guardian,

We have reviewed the request for retention for your child, _____.
That review has resulted in a recommendation to conduct a retention assessment. We need your written permission with the testing. The following areas will be evaluated:

- Social and emotional development;
- Intellectual ability, and
- Academic achievement.

Please indicate your permission to proceed with the assessment by signing and returning the bottom portion of this sheet to me at your child's school. If you have any questions, please call _____ at (____) _____.
case managerphone number

Sincerely,

Signature of Principal

(cut and return bottom portion)

Request for Retention Assessment

- Yes, I give permission for the school to proceed with retention assessment of my child.
- No, I do not give the school permission to proceed with retention assessment of my child.

Student's Name

Grade

Signature of Parent or Guardian

Date

Received by principal _____
Signature of PrincipalDate