

# Ohio Community Schools

Ohio Consolidated School District #17

Ohio Community High School District #505

## "Where People Care"

**Superintendent**

Jennifer Hamilton  
Phone 815/376-4414  
Fax 815/376-2102

103 MEMORIAL STREET  
P.O. BOX 478  
OHIO, ILLINOIS 61349-0478

**Principal**

Jason Wilt  
Phone 815/376-2934  
Fax 815/376-2102

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

Student: \_\_\_\_\_

Present Grade Level: \_\_\_\_\_ School Year: \_\_\_\_\_

Teacher: \_\_\_\_\_

After considerable professional deliberation regarding your student's progress, testing results and skill level, the recommendation has been made that \_\_\_\_\_ remain at his/her present grade level for the upcoming school year.

As was explained to you by your student's teacher, \_\_\_\_\_'s accomplishments are not meeting the standards of expected achievement for this year in school. This may result in more serious learning difficulties in the future without the recommended retention in his/her present grade level.

Please indicate your support or nonsupport of this recommendation below, and return this form to the school office no later than \_\_\_\_\_.

\_\_\_\_\_ I support the recommendation that my student remain at his/her present grade level for the upcoming school year.

\_\_\_\_\_ I do not support the recommendation that my student remain at his/her present grade level for the upcoming school year and require that my student be placed in the next grade level. In requiring this placement I voluntarily agree to assume all risks and/or liability associated with my decision. I voluntarily release the district, its employees, agents and representatives from all risk and/or liability associated with my decision.

\_\_\_\_\_  
(Teacher Signature)

\_\_\_\_\_  
(Principal Signature)

\_\_\_\_\_  
(Parent Signature)

"Home of the Bulldogs"

Office Retention Notice

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

Student: \_\_\_\_\_

Present Grade Level: \_\_\_\_\_

The criteria used in making a recommendation for the retention of this student are as follows (include behavior, classroom performance, skill levels, achievement test scores, etc.):

\_\_\_\_\_  
(Teacher Signature)

This form must be filled out on all recommendations for retention whether the student is actually retained or not. Submit to the building principal by \_\_\_\_\_.