

Washington County School District  
**Student Retention and Acceleration Form**

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

Student's Name: \_\_\_\_\_ Grade – From \_\_\_\_\_ to \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

In compliance with the Washington County School District Policy (4800) regarding retention or acceleration of students, this form must be completed at the conclusion of the committee member's final evaluation meeting. A copy of this document must be placed in the student's cumulative file for future reference.

The committee recommends that this student be:

- A. Retained – *Provide an explanation below*
- B. Accelerated – *Provide an explanation below*

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\_\_\_\_\_  
Guardian's Signature

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Teacher's Signature

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
District Office Representative's Signature