



Department of Bilingual Education and World Languages

Request for Possible Retention of English Learners in Grades K-2

Email Form To District Supervisor, Bilingual Education and World Languages

School: \_\_\_\_\_ Work Location Number: \_\_\_\_\_

Region: \_\_\_\_\_ Bilingual Supervisor: \_\_\_\_\_

Contact Administrator's Name: \_\_\_\_\_

Student's First and Last Name		Student ID #	Previously Retained
_____		_____	Yes _____ No _____
Grade	ESOL Level	Entry Date	At what grade? _____
_____	_____	_____	

List the academic assistance given to the student during current year:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please, attach the following:

1. Copy of PF1 Screen with **current** and **prior** years' grades (if available).
2. Copies of ELL Committee meeting(s) with signatures when retention recommendation was made.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ ID# \_\_\_\_\_ Grade \_\_\_\_\_

**Provide a support statement for the retention recommendation based on lack of progress in the specific subject areas. ALL SECTIONS MUST BE COMPLETED.**

**ESOL, Language Arts, or Reading Teacher**

Academic Progress:

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\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Teacher's Signature

**Math Teacher**

Academic Progress:

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\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Teacher's Signature

**Home Language Support (CCHL, Spanish, Haitian-Creole Teacher, Multilingual Team, etc.)**

Academic Progress in the home language:

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\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature

Retention support statement from administrator who participated in the ELL Committee meeting:

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\_\_\_\_\_  
Administrator's Name

\_\_\_\_\_  
Administrator's Signature

**ONLY for use by the Department of Bilingual Education and World Languages**

Reviewed by: Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Agree with recommendation     Do not agree (See attached)