Request to Retest

*Note: Retakes are not offered on end of unit tests or on test scores 80% or above. Original test and retakes scores will be averaged for the final score. Retakes must occur within two weeks of the original test.*

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| --- |
| Name: |
| Date: |
| Homeroom Teacher: |
| Name of test you wish to retake: |
| Test retakes offered Wednesday mornings at 7:50 and Wednesday afternoons at 3:00.  Date and Time you will retake your test: |

Reflect

Previous Score \_\_\_\_\_\_\_\_\_\_\_\_\_

Why?

|  |
| --- |
|  |

Action Plan

3 activities I will complete in order to improve my understanding of this concept

Completed

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

When you have completed the three activities above turn in this sheet with the following:

* Original test (if you have not already returned it)
* Evidence of you completing the above activities (work, parent signature…)

Request

I request the opportunity to retest. I have worked hard to improve my understanding of this concept.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_