

Name: _____ Retake Date: Wednesday, _____

Teacher: _____ Period: _____ Name of Retake: _____

Request to Retake

****Please note: The reassessment grade, whether higher or lower, replaces the original grade (refer to student agenda).****

Original Grade: _____

Why did you receive this grade? _____

What did you do to prepare for this retake? (i.e. flashcards, study guide, test corrections, etc.)

I give my child permission to stay after school on the above date to retake an assessment. I acknowledge that my child must be picked up from school **NO LATER THAN 4:00PM.**

Parent Signature: _____ **Parent Phone Number:** _____

Pick Up Person: _____ **Pick Up Person Phone #:** _____

For Teacher Use:

Does this student have test accommodations? _____

If so, circle their accommodations.

RA

RA Upon Request

SS/SG

SS/1-on-1

MIB

Teacher Signature: _____