

Request to Retest

Name: _____ Date: _____ Class Period: _____

Reflect

Concept Tested: _____

Previous Score: _____

Why did you earn that score?

Action Plan

Three activities you did to improve your understanding of this concept: (must provide proof, ask if you need ideas)

1. _____
2. _____
3. _____

Appointment for Retesting

Requested Date to Retest: _____

What part of the test will your re-test; circle one? Multiple Choice Written Both

What to bring your retest appointment:

- Proof of your three activities
- Signature of your parent/guardian below and verification they witnessed you working on these three activities to prepare to retest.
- Your study guide for this test either on paper or electronically through classroom

I request the opportunity to retest on this concept. I have worked hard and practiced to gain a better understanding of this concept.

Student Signature: _____

Parent/Guardian Signature: _____

Yes, I have seen the 3 activities my child worked on to prepare to re-test and took time to thoroughly refresh the concept.

No, my child did not share their preparation with me and I am not sure if they are ready to retest.