Assessment Retake Request

Student name:		Class:		Period:
		Original Grade:	Retake Grade:]
The p	ourpose of the assess	ment retake is to provi	de students the oppor	tunity to improve their
mast	ery of grade level Eng	glish expectations. <u>In or</u>	der to retake/comple	te an assessment
stude	ent must:			
1.	Seek teacher approval			
2.	Return this request within two school days after the assessment grade is returned or			
	entered into the grade book			
3.	Sign and have a parent/guardian sign this request form			
PLEA	SE NOTE \rightarrow In order to	o retake an assessment	t, the following conditi	ons apply based on
<u>teacl</u>	ner discretion:			
*	You MUST reassess before the next summative assessment is given - after this, the opportunity has expired			
*	The highest score you can achieve is a <u>90</u> on the reassessment - grades above a 90 will			
	not be allowed to reassess			
*	Only <u>ONE</u> retake is allowed			
*	The retake may or may not be identical to the original assessment			
*	The retake will take place at the time and location determined by the teacher			
Reas	sessment Information	and Method (to be de	termined by teacher a	nd student):
Date	:	Time:	Location:	
	Written Response			
	Revised Form of Ass	essment		
	Verbal Assessment			
	Presentation			
	Same form of Asses	sment		
Sign	below to acknowle	edge and agree to t	he above informat	ion.
Student Signature:				Date:
Parent/Guardian Signature:				Date:
Teacher Signature:				Date: