Request to Retest

Student/Test Information
Name: ________________________________
Today's Date: ________________ Date of Test: ________________
Previous Score: ________________

Reflection
Explanation for low test score: Parent/Guardian Initial for completed reflection

Three Activities I did to improve my understanding of this concept.
1. ________________________________
2. ________________________________
3. ________________________________

Checklist
You must attach the following to your request:
☐ Unit Assignments
☐ Proof of Activities

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

Student Signature: ______________________________________
Parent/Guardian Signature: ______________________________________

Teacher Use Only
☐ Approved requested Date
☐ Alternative retake date: ____________

Retake Test Score: ____________ Teacher Signature: ____________________________