You are encouraged to retake any assessment to show evidence of growth towards a specific learning goal. **Please fill out this form and turn it in to Mrs. Corse-Scott for approval by retake day in order to be allowed retake the assessment.** Good Luck!

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_\_ Date turned in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which assessment would you like to retake? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your score on this assessment? \_\_\_\_\_ Original test ID: \_\_\_\_

Date of retake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the method which you chose to provide proof that you are ready to retake this assessment.

 I have completed Correctives worksheet for the assessment which I am retaking.

I have attended tutoring with Mrs. Corse-Scott and received help with the concepts.

 I have completed all homework problems & assignments during this Unit.

 I have done the following \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the Correctives Worksheet and any evidence that you are ready to retake this assessment to the back of this contract.

Student Signature Parent Signature Teacher Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments:

Score on Retake: