

# STUDENT RETAKE CONTRACT

You are encouraged to retake any assessment to show evidence of growth towards a targeted standard and/or specific learning goal. **Please fill out this form and turn it in to Mrs. Corse-Scott for approval BEFORE being allowed retake the assessment.** Good Luck!

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

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

Original date of assessment: \_\_\_\_\_ Original score on assessment: \_\_\_\_\_

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

**Check the method(s) 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 (MUST BE COMPLETED IN ORDER TO RETAKE)
- ☐ I have completed all homework problems & assignments during this Unit (MUST BE COMPLETED IN ORDER TO RETAKE)
- ☐ I have attended tutoring with Mrs. Corse-Scott and received help with the concepts.
- ☐ 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: