

TEST RE-TAKE REQUEST

Student Name: _____

Date: _____

Teacher
Name: _____ J A H R _____

Subject: _____ SOCIAL STUDIES _____

Assessment: _____

I am requesting the opportunity to re-take the assessment listed above. I understand that the following conditions apply:

- The re-take will be scheduled during Advisory
- **This request must be submitted by the Friday before the retake date**
- ALL assignments for this chapter/unit must be turned in.
- Assignments that are turned in late may or may not receive credit, according to the teacher's classroom policy.
- I will complete any additional work or study required by the teacher to demonstrate continued learning
- The re-take will not be identical to the original test.
- The higher grade between the original and the re-take will be recorded in Power School

Student Signature

Parent Signature

TEACHER USE ONLY

Original Test Date: _____

Re-Take Date: _____

Original Grade: _____

Re-Take Grade: _____