



Retake Request Form

This form must be filled out to request a retake of an assessment.

Name: _____

Teacher: _____ Grade: _____

I would like another chance to improve my score on the assessment I took.

The areas where I think I can improve are: _____

I will prepare for the retake by: _____

I understand that I only have one chance to retake the assessment and I have two weeks (or by the end of the trimester--whichever is sooner) from the initial assessment to complete the retake.

Student Signature: _____

Parent Signature: _____

Date: _____