

# Request for Reassessment

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Name of Test \_\_\_\_\_ Grade received on original test \_\_\_\_\_

*If grade was an A,B or C a reassessment is allowed one time per quarter per subject.*

*All summatives that receive a D or F are eligible for reassessment.*

1. attach to test
2. turn in within 2 days of receiving score
3. re-assessment must be within one week of receiving score
4. check off steps taken to prepare for reassessment

## **STEP TAKEN TO PREPARE TO REASSESSMENT-** check all that apply

- ☐ REVIEWED ORIGINAL SUMMATIVE
- ☐ REVIEWED NOTES
- ☐ WENT OVER STUDY GUIDE
- ☐ STUDIED WITH A CLASSMATE
- ☐ STUDIED WITH A PARENT
- ☐ REVIEW WITH TEACHER
- ☐ COMPLETED PRACTICE PROBLEMS
- ☐ RE-READ MATERIAL(S)
- ☐ RE-READ STORY
- ☐ REVIEWED VOCABULARY
- ☐ MADE AND STUDIED FLASHCARDS
- ☐ OTHER: \_\_\_\_\_

This form must be signed by a parent / guardian prior to scheduling a retake.

Student signature \_\_\_\_\_

Parent Signature \_\_\_\_\_