Request To Retest

Why do you think you earned this score?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List 3 activities that you did to improve your understanding. Be specific.
1.________________________________________________________________________
2.________________________________________________________________________
3.________________________________________________________________________

The test must be requested within 5 school days. The retest score will be averaged with the original test score.

Parent signature: ___________________________________________

Score on test to retake: ______

Approved: __yes  __no

Name: ______________________  
Number: ______
Date of request: ____________
Date of test: ______________* 

The test must be requested within 5 school days. The retest score will be averaged with the original test score.

Parent signature: ____________________________