

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: _____

Name: _____

Number: _____

Date of request: _____

Date of test: _____*

Score on test to retake: _____

Approved: __yes __no

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