

Nombre: _____
Grado/Hora: _____
Número: _____

Test/Quiz Retake Form

Test or FFQ# _____ Topic: _____

Last day for retake: Friday Date- _____

NOTE:

- You can retake every test once.
- You have one week to retake.
- I keep the best score out of the two. If you do worse it will not hurt you.
- I keep a record of your retakes. This will not hurt your grade.

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You may retake a Test/Quiz if you follow these guidelines:

1. Fill out your retake form and let me know when you are going to retake.
2. Make corrections on your test/quiz.
3. Do you need to be retaught? If yes, before retaking seek help from a classmate or me.
4. Have you studied enough to perform better on the Test/Quiz?
_ YES or _ NO
5. I will retake the test/quiz on (circle one):
Mon. Tues. Wed. Thurs. Fri. Month/Date- _____
6. I will retake the test (circle one):
Before school 7:45-8:10 After school 3:15-3:45

7. PARENT SIGNATURE:

I verify that my son/daughter has gone through his/her original Test/Quiz and has made corrections.
I also verify that he/she has prepared for the retake.

(Name)

(Date)