

Test Retake Ticket

New Lenox School District 122

Student Name: _____ Date: _____

Class: _____ Period: _____

Test You Wish To Retake: _____

Grade You Received On The Original Test: _____

Please explain why you did not meet the standards on the original test.

Review the original assessment. What were the specific areas that you need to improve upon?

How do you plan to prepare for the retake? How do you plan to improve?

Prior to taking the retake, you must complete the following items that your teacher feels will help you to be more successful on the retake:

- For the unit of study, complete and turn in all required assignments.
- Complete and/or correct the study guide.
- Review and correct the original test.
- Provide evidence of additional studying/preparation for the retake (i.e. study with peer or parents/review with teacher/study notes/etc.).

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

This form must be turned in when the retake test is taken.

Please remember that retakes are at the teacher's discretion and can be denied if circumstances warrant it.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____