**Test Re-Take Form**

**2019-2020 - Zimmer**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hour\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Title of Test or Quiz: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student has ***two weeks*** from the above date to complete the following:

***Student must attend at least one of the below tutoring sessions prior to any retest.***

**Mrs. Zimmer’s scheduled tutoring hours**

 (Monday 2:45– 3:30 p.m. or Wednesday 7:10 to 7:40 a.m.)

**OR**

**Lunch intervention in Mrs. Donnelly's room 501**

 (Report to 501 on the way to lunch. Mrs. Donnelly will provide a pass

that will send you to the front of the line in the cafeteria)

Tutoring session or Lunch Intervention student will attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

*Please choose one of the below options.*

Monday after School Option: I give my child permission to walk home from school after the test is complete.

Monday after School Option: I will be picking up my child from school after the test is complete.

Wednesday before School Option: I will drop my child off to take the test before school.

Any day lunch Intervention: Please give Mrs. Donnelly my test or quiz re-take by the above date.

Describe the extra work student will do ***at home*** to get ready for the retake.

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What date will student retake the test? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_