

Test Re-Take Form

Student Name _____ Hour _____ Date: _____

Title of Test or Quiz: _____

Before taking a retest, you **must** attend at least one tutoring session during 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: _____

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

What date will student retake the test? _____

Please choose one of the below options.

- After School Option: I give my child permission to walk home from school after the test is complete.
- After School Option: I will be picking up my child from school after the test is complete.
- Before School Option: I will drop my child off to take the test before school.
- Lunch Intervention: Please give Mrs. Donnelly my test or quiz re-take by the above date.

Parent name (print) _____

Parent signature _____