



Retest Agreement Form



Retake Policy

A student may have one opportunity each 9-week grading period to retake a single test. If a student decides to retake a test, the original grade will be thrown out and replaced by the retake grade (regardless of which grade is higher). The following apply. Before retaking a test, the student must complete some form of remediation, as determined by the classroom teacher. This may vary depending on the nature and topic of the test. The remediation must take place within one week of receiving the original grade. This policy does not apply to any quiz grade penalized by cheating or unethical behavior. This policy does not apply to passing grades. This policy does not apply to the binder test. Exceptions may be granted at the discretion of the classroom teacher.

Section 1: Student Information

Student Name: _____ **Date:** _____

Grade: 9 / 10 / 11 / 12 **Class:** _____ **Teacher:** _____

Test/Quiz Description: _____ **Original Score:** _____

Why did you perform below your expectations on this quiz/test? *Please describe the poor decisions that led to an unexpectedly low score or the external factors that impacted your performance.*

What will you change as you prepare for the re-quiz/re-test and beyond to ensure you perform to the best of your ability in the future? *What better decisions could be made? What will you change about your note taking, homework, studying, class behavior, etc.?*

Section 2: Remediation and Retest Arrangements

The teacher and student agree to the following remediation strategy:

- Student will meet with teacher to review missed test questions during:

Period ____ / Before School / After School
(circle one)
 - Student will take a blank copy of test to re-do as a second test review and submit to teacher for feedback.
 - Other : _____
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The teacher and student agree to the following retest arrangements:

Date: _____ During: Period ____ / Before School / After School
(circle one)

Details (Study Hall Teacher, Time, etc.): _____

Section 3: Teacher, Student, and Parent Signatures

I agree to the previously described terms of this retest. I will facilitate remediation to the best of my ability to give my student the opportunity to improve his/her grade on this retest. I will prepare a makeup test and make sure it is ready for the student to complete at the time and place agreed upon.

Teacher Signature: _____ Date: _____

I agree to the previously described terms of this retest. If I fail to meet the requirements of the remediation, I am aware that I will forfeit my opportunity to take a retest for this assessment. If I do not make it to the agreed retesting session I am aware that I will forfeit my opportunity to retest for this assessment.

(If you are unable to keep these appointments because of illness or family emergency, please email your teacher as soon as possible. Your teacher may reschedule your appointment, but reserves the right to refuse your retest.)

Student Signature: _____

I am aware of the agreement between my son/daughter and his/her classroom teacher. If there are any circumstances that prevent my son/daughter from keeping these appointments, I will contact the teacher as soon as possible.

Parent Signature: _____

Thank you for your cooperation in getting your son/daughter to school, picking them up after school, and/or helping them prepare at home. Your sacrifices do not go unnoticed. I appreciate everything you do to help from home!

Please contact me at any time – kzielen@cwnchs.org

