

Assessment Retake Contract

Teacher Name: _____

Student Name: _____

Class: _____

Assessment Requesting to Retake: _____

Assessment Retake **MUST** be completed by: _____

In order to be eligible to retake the above assessment, the following conditions must be met:

- ✓ Chapter Review was FULLY complete and turned in prior to taking the original assessment.
- ✓ Corrections must be made to the original assessment and turned in on the day of the retake assessment. You must show the correct work and solution either on the original assessment using a different color pen/pencil or on a separate sheet of paper (attached to the original assessment).
- ✓ The assessment retake date must be scheduled with my math teacher before or after school (NOT during class time). All assessment retakes must be completed within two weeks of the original assessment date.

Important:

- ✓ The retake assessment will be different from the original assessment. It will cover the same material and will be a new opportunity for you to demonstrate mastery of the standards covered.
- ✓ All retake assessments **MUST** be completed in one testing session (before/after school).
- ✓ If the retake assessment is not completed by the above date, regardless of FUTURE absences (including excused), the original test grade will stand.

Student Signature: _____

Date: _____