Name: _____ Date: _____ Subject: _____

SUMMATIVE RETEST AGREEMENT

Assessment: **_____** **Deadline** to retest: **_____**

Choose one of the options below. If choosing to retake an assessment, you must complete ***ALL*** *the assigned tasks, attach all items to your original assessment, and return* to your teacher before the deadline. ***A retest may not be scheduled until ALL the assigned tasks have been completed. All retests must be completed by the deadline listed.*** The maximum score available for a retest is an 85%. Your highest score will go into the gradebook. (ex: 85.67%)

Check one:

☐ I **WOULD NOT** like to retake the summative assessment. I am declining the option to retake and choosing to keep my original grade.

☐ I **WOULD** like to retake the summative assessment. I will complete **ALL** the following assigned tasks before the deadline for the test:

_____ Make corrections to the original assessment.

_____ Meet with **Mr./Ms.**_____to go over corrections and determine what remediation/additional review is necessary.

_____ Complete the remediation assignment. **Date completed & Teacher signature** _____

My Summative retest is scheduled on _____

_____

Student Signature Date Period

_____

Parent Signature Date