

Request to Retest

You must staple the original quiz to this request

Name: _____ Math Class period: _____

Assignment to be retested: _____

Grade on original assignment: _____

Why do you feel you scored below your ability? _____

What did you understand?	Where did you struggle?
Action Plan You must provide at least 2 ways in which you will prepare for the retest. 1. 2.	

I request the opportunity to retest this concept. I have worked hard to improve my understanding of the concept.

Student Signature _____

Parent Signature _____

Teacher approval _____ Date to retest: _____