

# **6TH grade ASSESSMENT RETAKE FORM**

STUDENT FIRST & LAST NAME: \_\_\_\_\_

CIRCLE ASSIGNING TEACHER NAME:           Chevalier                           Fell                           Geerer

Golitko       Goloweyco           Kefgen           McDonald           McKinney           Sabella

Circle Class Subject:   Informational   Math   Narrative   Science   Social Studies   Hour: \_\_\_\_\_

Assessment Name: \_\_\_\_\_                           Original Score: \_\_\_\_\_

Date of ORIGINAL Assessment: \_\_\_\_\_                           Date of RETAKE: \_\_\_\_\_

⇒ Staple this COMPLETED form to your ORIGINAL assessment.

⇒ Turn it in to the ASSIGNING teacher BEFORE attending 7th hour testing.

⇒ Retakes are available every Thursday in room #100 from 3:25—4:25 during the 7th hour testing session.

*Write in complete sentences using capitalization and punctuation.*

Why I was not prepared for the original assessment:

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Specific strategies including time frames that I will use to prepare and improve BEFORE attending 7th hour testing:

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Parent/Guardian Printed Name: _____ Date: _____
Parent/Guardian Signature: _____