**Riverdale Middle School Request to Retest**

If you wish to retake a test, you must fill out this form, complete and attach the required work, and get this form signed by your parent/guardian. You may retest on any test\* in which you earn a 74 or below. The teacher may choose to allow quiz retakes at his or her discretion. You have **5 school days** from the date the original test **was returned to you** to retake/schedule to retake your test.

\*Essays/projects are not eligible for retest option.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Period: \_\_\_\_**

**Test you would like to retake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Concepts covered on test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date original test was returned: \_\_\_\_\_\_\_\_\_\_ Original test score: \_\_\_\_\_\_**

**The average of these 2 grades will be recorded in the gradebook.**

**REFLECT**

**Explain your low test score.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PREPARE**

**List 3 Things you have done to prepare yourself for the retest:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Things to attach:** *(please use a paperclip)*

* All homework and classwork for the chapter
* All notes for the chapter
* Proof of the activities you completed to prepare for the retest

**COMMIT**  
Date you would like to retest: \_\_\_\_\_\_\_\_\_\_\_\_\_ Class Period \_\_\_\_ / Before / After School **(circle one)**

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

**Your Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This Request to Retest Policy does not apply to World Language, Spanish, nor STEM courses.