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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | *Why do I have to Retest?* |  | | Your score on the last test was below 60% and in need of remediation. |  | | *How much time do I have to Retest?* |  | | You must complete your retest before the next unit is completed |  | | *What else do I need to do to schedule a Retest?* |  | |

Attendance of, at least, one Mega-Lunch tutorial for re-teaching is mandatory

Returning this form with a parent’s signature regardless of whether or not you wish to wave your opportunity to retest

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Student Copy | Student Name: |  |  |  |  |  | | --- | | Name of Test: |  |  |  | | --- | --- | | **I understand the requirements for my Request to Retest and I wish to remediate my grade by retesting.** | | | Student Signature: | Date: | Date: |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | |  | | | **OR, I choose not to retest and understand this could mean failing the course.** | |  | | Student Signature: | Date: | | | |  |  | |  |  |  | | --- | --- | | Parent Signature: | Date: | |  |  | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Teacher Copy |  | Student Name: |  |  |  |  |  | | --- | --- | | Name of Test: | Date: |  |  |  | | --- | --- | | Date Request to Retest was given: | Retest Deadline Date: |  |  | | --- | | Parent Communication: | |