

## **Retest Agreement Form**

## Geometry Retake Policy - Mrs. Profeta

Students will be permitted to retake one (1) test per quarter where the student scored below a 75%. The exam may be retaken only once; the retake score will replace the original test score, regardless if it is higher or lower, and will not exceed 75%. The request for a retake must be made within one week of the original test date and/or as announced by the instructor. Midterms and Finals are NOT eligible for a retake exam. Grades penalized due to cheating or unethical behavior are NOT eligible for a retake exam. Before retaking a test, the student must complete some form of remediation, as determined by the instructor. This may vary depending on the nature and topic of the test. The remediation must be completed by the date agreed upon and noted in this form. The remediation work must be complete and correct on or before the due date in order to qualify for the retake exam. Bonus opportunities will NOT be available on test retakes.

Student Name:	Date:				
<b>Grade</b> : 9 / 10	Class Period:	Study Hall Period:			
Test Description:		Original Score:			
•		ons on this quiz/test? Please describe the poor decisions that led is that impacted your performance.			
•	future? What better decisio	ne re-test and beyond to ensure you perform to the best of one could be made? What will you change about your note taking,			
Sectio	n 2: Remediation and Re	etest Arrangements (completed by the instructor)			
The teacher and s	tudent agree to the follow	ving remediation strategy:			
	Student will complete a test remediation packet (problem set) provided by the instructor; work will be show all problems – NO WORK NO CREDIT!				
☐ Student will crea	te a complete, detailed stu	dy guide covering all concepts contained on the test.			
☐ Other :					
	ork is due, complete and				

The teacher and student a	igree to the following retest arra	ingements.	
Date:	During:	Study Hall /	Before School / After School (circle one)
established learning supp	ly hall will take their retake exar ort plan specifies other accomn first, then proceed to the librar	nodations). All	students should report to
:	Section 3: Teacher, Student, ar	nd Parent Signat	<u>tures</u>
ability to give my student	lescribed terms of this retest. I the opportunity to improve his/ re it is ready for the student to d	her grade on thi	is retest. I will prepare a
Teacher Signature:		Date: _	
remediation, I am aware th	lescribed terms of this retest. It hat I will forfeit my opportunity t sting session I am aware that I v	o take a retest f	or this assessment. If I do no
	nese appointments because of illne e. Your teacher may reschedule y	•	
Student Signature:			
_	ent between my son/daughter ann nt my son/daughter from keepin ole.		-
Parent Signature:			
, ,	cooperation in getting your son/d	~	

not go unnoticed. We appreciate everything you do to help from home!

Please contact me at any time – sprofeta@northcatholic.org

