

# Edison Middle School Retake Form



Name \_\_\_\_\_ Period \_\_\_\_\_

Title of Assessment You Are Retaking \_\_\_\_\_

Have your parent/guardian sign this form so I know that you have discussed your original grade with them.

\_\_\_\_\_  
Parent/Guardian Signature Date

You must complete one of the following activities prior to your retake.

\_\_\_\_\_ Meet with a teacher for extra help.

\_\_\_\_\_ Work with a parent/guardian to help you review/study the material.

\_\_\_\_\_ Work with a peer to help you review/study the material.

\_\_\_\_\_ Other: \_\_\_\_\_

In 2-3 sentences, describe what you have done to prepare for this retake.

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

I would like to do this retake on:

\_\_\_\_\_ Monday Date \_\_\_\_\_

\_\_\_\_\_ Tuesday Date \_\_\_\_\_

\_\_\_\_\_ Wednesday Date \_\_\_\_\_

\_\_\_\_\_ Thursday Date \_\_\_\_\_

\_\_\_\_\_ Friday Date \_\_\_\_\_

Time:

\_\_\_\_\_ Study Hall-Period \_\_\_\_\_

\_\_\_\_\_ 3:00PM-Room 151

\_\_\_\_\_ Other \_\_\_\_\_