

Edison Middle School

Retake Form

2018-2019



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 112
_____ Other _____