LITERACY TEST RETAKE FORM

Teacher:	Contact Information	on:
Date		
Dear Parent/Guardian:		
Your child's perf	formance on the recent	test did
not exhibit the progre	ess representative of a stud	dent who met the standards
for this unit of study	v. As your child is accoun	table for these standards,
a retake is being offe	ered Tuesday, Wednesday, or	Thursday before (7:55-
8:25 AM) or after (3:3	30-4:00 PM) school during th	he next two weeks at the
Testing Center located	l in Room 120 before school	/POD B after school at
Hadley. A student may	need two testing sessions	in order to complete the
assessment.		
The practice of a	allowing retakes is only of:	fered to a student three
times per year. By agr	reeing to retake this test,	your student also agrees
	actions to prepare for this	
_	re noted on the attached Obj	
	act me if you should have a	_

	KEEP FOR YOUR REC	CORDS
	TESTING TIMES AVAILA	ABLE.
(Pick two: 1 st date	e mandatory; 2 nd date if	extended time needed)
Week of:	Week of:	
Tuesday AM	Tues	sday AM
Tuesday PM	<u> </u>	sday PM
Wednesday AM	Wedr	nesday AM
Wednesday PM	├───	nesday PM
Thursday AM	<u> </u>	rsday AM
Thursday PM	Thur	csday PM
Students must have their Ha	adley lanyards with IDs for admissi	on to the testing center.
Name of Student (printed)		to be retaken
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Hadley Ju	unior High School, 240 Hawthorne Blvd., Gle	n Ellyn, IL 6013/

LITERACY TEST RETAKE OBLIGATION FORM

(To be returned to the classroom teacher within 2 days)

perfo	derstand the practice of permitting ormance is allowed only three times most of this learning opportunity, owing steps* to prepare myself for	per year. In order to fully make I agree to take <u>at least two</u> of the	
	attend study group when/if schedule	ed	
	reread text material		
	revisit class notes		
	complete unfinished homework assignments		
	attend peer tutor session		
	set and keep appointment with teacher to review material		
	utilize home study time to further understanding		
*STE	PS OFFERED MAY VARY BY TEACHER.		
	TESTING TIM	ES AVAILABLE	
(Pi	ck two: 1 st date mandatory; 2 nd	date if extended time needed)	
Week	of:	Week of:	
	Tuesday AM Tuesday PM Wednesday AM Wednesday PM Thursday AM Thursday PM	Tuesday AM Tuesday PM Wednesday AM Wednesday PM Thursday AM Thursday PM	
Stude	ents must have their Hadley lanyards with IDs	for admission to the testing center.	
Studen	t Signature	Parent/Guardian Signature	
 Date	-		