Glen Ellyn School District 41

Dr. Christopher Dransoff, Principal of Hadley Junior High School

SCIENCE TEST RETAKE FORM

Teacher:Co	ntact Information:	
Date:		
Dear Parent/Guardian:		
Your child's performance on the	recent	test did
not exhibit the progress representative of a student who met the standards		
for this unit of study. As your child is accountable for these standards,		
a retake is being offered Tuesday, Wednesday, or Thursday before (7:55-		
8:25 AM) or after (3:30-4:00 PM) school during the next two weeks at the		
Testing Center located in Room 120 be	fore school/POD B afte	r school at
Hadley. A student may need two test	ing sessions in order	to complete the
assessment.		
The practice of allowing retakes	in science classes is	only offered
to a student three times per year. B	y agreeing to retake t	his test, your
student also agrees to take the neces		
valuable opportunity. Applicable mea		
Obligation Form.		
Feel free to contact me if you s	hould have any questio	ns.
KEEP FOR YOUR RECORDS		
TESTING TIMES AVAILABLE		
(Pick two: 1 st date mandatory; 2	2 ^m date if extended	time needed)
Week of:	Week of:	
Tuesday AM	Tuesday AM	
Tuesday PM	Tuesday PM	
Wednesday AM	Wednesday AM	
Wednesday PM	Wednesday PM	
Thursday AM	Thursday AM	
Thursday PM	Thursday PM	
Students must have their Hadley lanyards with	IDs for admission to the testi	ng center.
Name of Student (printed)	Test to be retaken	

SCIENCE TEST RETAKE OBLIGATION FORM

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

performance is allowed only thre	mitting retakes to improve student e times per year. In order to fully make unity, I agree to take the following steps
revisit study guide	
review pre-test, quizzes,	or create a test of your own to take
reread unit material	
revisit class notes/labs	
complete unfinished homew	ork assignments
peer tutor session/review	with a friend
set and keep appointment	with teacher to review material
create a foldable or flas	hcards
other (please describe) _	
	NG TIMES AVAILABLE ry; 2 nd date if extended time needed)
Week of:	Week of:
Tuesday AM Tuesday PM Wednesday AM Wednesday PM Thursday AM Thursday PM Students must have their Hadley lanyards	Tuesday AM Tuesday PM Wednesday AM Wednesday PM Thursday AM Thursday PM Thursday PM
Student Signature	Parent/Guardian Signature

Date: _____