



SOCIAL STUDIES TEST RETAKE FORM

Teacher: _____ Contact 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 before school/POD B after school at Hadley. A student may need two testing sessions in order to complete the assessment.

The practice of allowing retakes is only offered to a student three times per year. By agreeing to retake this test, your student also agrees to take the necessary actions to prepare for this valuable opportunity. Applicable measures are noted on the attached Obligation Form.

Feel free to contact me if you should have any questions.

(PARENTS)KEEP FOR YOUR RECORDS

TESTING TIMES AVAILABLE

(Pick two: 1st date mandatory; 2nd 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

Students must have their Hadley lanyards with IDs for admission to the testing center.

Name of Student (printed)

Test to be retaken

SOCIAL STUDIES TEST RETAKE OBLIGATION FORM

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

I understand the practice of permitting retakes to improve student performance is allowed only three times per year. In order to fully make the most of this learning opportunity, I agree to take **at least two** of the following steps to prepare myself for the test:

- _____ reread text material
- _____ revisit class notes
- _____ complete unfinished homework assignments
- _____ set and keep appointment with teacher to review material
- _____ utilize home study time to further understanding
- _____ other: please specify _____

TESTING TIMES AVAILABLE

(Pick two: 1st date mandatory; 2nd date if extended time needed)

Week of: _____

Week of: _____

- Tuesday AM
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- Wednesday PM
- Thursday AM
- Thursday PM

- Tuesday AM
- Tuesday PM
- Wednesday AM
- Wednesday PM
- Thursday AM
- Thursday PM

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Student Signature

Parent/Guardian Signature

Date