

# Geometry Retake Form

Name: \_\_\_\_\_

Name of Test you would like to retake :

Original score: \_\_\_\_\_/\_\_\_\_\_ points ( \_\_\_\_\_ %)    Goal for the reatake \_\_\_\_\_ %

All of the following must be completed and initialed before you may schedule a retake with Ms. Thomas

\_\_\_\_\_ Test Corrections completed and turned in to Ms. Thomas ( no credit given for test corrections )

\_\_\_\_\_ Attendance at Math Tutoring( or an after school session with Ms. Thomas)

\_\_\_\_\_ Another practice test competed with all work shown

\_\_\_\_\_ All Homework completed and turned in

\_\_\_\_\_ All quizzes ( and quiz retakes) completed

\_\_\_\_\_ Retake form filled out completely and signed by a parent or guardian

**Prior to this assessment I.....**

1. Completed Homework in a timely manner	Yes	No
2. Completed the study guide	Yes	No
3. Asked questions in class about material I didn't understand	Yes	No
4. Practiced extra problems from the book/ online/ old homework/quizzes	Yes	No

1. Why weren't you prepared for the original assessment?

2. What were the specific topics on the original assessment that need improvement?

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_