

Corrective Assignment

Name _____ Date _____ Original Test Grade _____

Title of Original Test: _____

Retest Date _____ Parent Signature _____

Your child has chosen to redo a class assessment. Please help him/her to review for the retake. In the space below, the student will need to write what he/she has done to prepare for the assessment. Please sign the above line once your child has adequately prepared. Only students who return this form and write how they prepared will be given a retake.

Corrective Assignment

Name _____ Date _____ Original Test Grade _____

Title of Original Test: _____

Retest Date _____ Parent Signature _____

Your child has chosen to redo a class assessment. Please help him/her to review for the retake. In the space below, the student will need to write what he/she has done to prepare for the assessment. Please sign the above line once your child has adequately prepared. Only students who return this form and write how they prepared will be given a retake.
