

English Language Arts Assessment Retake Agreement

Student Name: _____

I am aware that my child would like to retake the _____.
We have discussed his/her achievement on the original assessment, and I am aware the score was ____ out of _____. I understand that my child has five school days from the time that the original assessment was returned to complete the process to retake the assessment. Therefore, your child has until _____ to complete the full process listed below. We have reviewed the checklist below, and I understand that my child must complete each step of the process.

Parent Signature

Date

Assessment Retake Checklist

___ Reviewed graded assessment

___ Discussed and reviewed the graded assessment and obtained a parent's signature above

___ Met with _____ for remediation/review

___ Completed the practice work:

___ Scheduled a time to retake the assessment on ____/____ at _____