Assessment Retake Request

You must submit this form and get it approved by Ms. Tecce as soon as possible!

Name: _____________________________________________  Course: ______________

Name of Original Assessment: ___________________  Date of Original Assessment: _______

Competencies you wish to retake _______________________

Grade(s) on Original Assessment: ___________________________ (include fraction AND percent)

Problems on which you lost points (list all problem numbers AND organize by competency):

You must…

1. Do Test Corrections on your own.
   Be sure to follow the guidelines for doing test corrections found on the class website and bulletin board.

2. Decide when you will meet with Ms. Tecce to discuss the test corrections
   Date and Time you want to meet with Ms. Tecce to go over your corrections:
   ______________ at ___:___

3. Decide when you will meet in Room 251 to take the retake
   Date and Time you want to do the retake:
   ______________ at ___:___

**Remember that you must complete the retake within 5 days of when the original assessment is passed back. No meeting may take place during class time!!!

4. Submit this form for Ms. Tecce’s approval.
5. Bring your test corrections to the meeting with Ms. Tecce
6. STUDY!!!!
7. Come in to retake the assessment.

Don’t be upset by the results you didn’t get with the work you didn’t do.

Or

Good mathematics is not about how many answers you know...
It’s how you behave when you don’t know.