

**MTC Intermediate Application for a Retake**

Student Name-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grades 3-5:**

\*Students who score lower than an 80% on a summative may retake the summative assessment.

\*Students are limited to a total of **3** summative retakes each trimester.

\*Parents and/or students are responsible for initiating the retake process. This application should be completed by the parent and student, signed by the student and parent, and returned to the examining teacher no more than two **(2) school days** after the grade is posted.

\* **5th Grade:** Retakes are administered after school with the exception of student athletes who are required to complete retakes in the morning .

**To be eligible for a retake:**

1. All notes, assignments, and formative assessments must have been completed prior to the original summative assessment.
2. Test corrections **must** be completed and submitted with this form **within 2 school days** of the grade being posted.

**Assessment for which you are requesting a retake:**

Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter/Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Assessment Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Original Assessment date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Grade Posted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Due Date:\_\_\_\_\_\_\_\_\_\_\_\_

Retake Date:\_\_\_\_\_\_\_\_\_\_\_\_ (Retakes are administered on the next Tuesday after the Application for Retake has been submitted. If the student fails to attend the agreed upon retake session for any reason other than illness, he/she forfeits the right to retake that assessment.)

Number of retakes previously taken this trimester (0-2):\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_