

Retake Documentation Form

This form must be filled out by the teacher when a student retakes an assessment

Student Name: _____

Teacher: _____ Grade: _____

The standard that is being reassessed for the student:

Reason for providing the retake for the student (prior evidence of mastery):

I understand that students will have one opportunity for retake per assessment.

Initial Score: _____

Retake Score: _____

Parent/Guardian notified of retake on date: _____