



Leavitt Middle School

REQUEST TO RETEST SUMMATIVE ASSESSMENT

Basics:

Name: _____

Date: _____

Teacher: _____

Reflect:

Previous Score: _____

Why do you think you earned this score?

What have you done to increase your understanding of this concept/skill?

Request:

I am requesting to take the following test: _____.

Student Signature: _____

Parent Signature: _____

- Please attach the previous test to this paper (if applicable)
- For additional information, please see the Leavitt Middle School Grading Policy