## REQUEST TO RETEST

Dasius:		
Name:	Date:	Class Hour:
Unit name and number you are requesting to 1	retest:	
Reflect:		
Original unit test score:90		
Why did you earn that score?		
Three activities I did to improve my understance  1	,	
Do I have any NOTES from this unit that a	re INCOMPLETE?	
No Yes (Completed unit notes	must be shown to Ms. Ros-	tas before you can retest)
Request:		
I request the opportunity to retest the concimprove my understanding of the concepts in retest. I have discussed my intentions to re-	this unit and am confident	that my score will improve with a
Student signature:		Date:
Parent/Guardian signature:		
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Notes Complete: Yes No		
Retest Date:	_ Retest Score:	Percentage change: