

Makeup Test Request Form

Name _____

Period _____

Answer the following questions. Once you have completed the form, turn it in to me before you set up a day and time to makeup your test.

1. Which test would you like to makeup? What is the main information that this test covers?

2. What score did you receive on the previous test? Which part specifically did you struggle the most on? What is your goal for the retake score?

3. What things did you understand? What parts did you struggle on?

4. What are at least three things you can do differently so that you produce better work on this test? (For Example: highlight notes, create notecards, study with a parent, etc.) You will need to show evidence that you created these things.
 - 1.

 - 2.

 - 3.

I request the opportunity to retake this test/tor quiz, I will be better prepared to take it.

Student Signature: _____

Parent Signature: _____

