Test Retake Contract Name: _____ **Attach Form to Original Test** Period: _____ Date: ____ _____ Score 1st Time: _____ Name of Test in Aspire: Why did you score so low the first time? Things I have done to improve my score when I retake it: Dates I have come in to get help from Mr. Miller to have him reteach the material: Mr. Miller's Signature Mr. Miller's Signature I would like to request the opportunity to retake this test as my one retake for this quarter. I have worked hard to learn the concepts from the test and believe that I am now prepared to do well on it. I understand that my retake score will be the one that is counted on my grade whether it is better or worse than the first time I took it. Student Signature Date

Date

Parent Signature