

GEOMETRY FORM (GEO)

Retake Request Form

During the year, you will take several skills assessments that will focus on specific standards covering Geometry standards. These standards will be re-assessed throughout the school year on a continuous basis. Therefore you should always practice your skills since skills you have learned months prior could show up again later. This gives you the opportunity to show mastery if you haven't done so before. Additionally, you will take Application Assessments, which will incorporate more complex problems and critical thinking. These Assessments will typically be after every Unit of study. If you want to initiate a re-take of a skill assessment that you have not mastered with an 85%, you **MUST** complete and turn in this form **1 week prior** to retaking an assessment. Here are additional guidelines regarding retakes. NOTE: **No Application Assessment can be re-taken.**

1. ONLY 4 Retakes allowed Trimester 1. ONLY 3 Retakes allowed Trimester 2. ONLY 2 Retakes allowed Trimester 3.
2. Retakes can only be taken if you scored less than an 85%. Only a max score of 85% can be earned on a retake
3. Retakes will **ONLY** be during office hours on **FIRST** and **LAST TUESDAY** of every month. **MARK** your calendar.
4. Retakes can only be taken if homework specific to the skill **AND** additional practice/error analysis/office hour attendance has been completed. I need proof that you have worked on improving your understanding of the skill. Attach your proof of practice to the back of this form.
5. Retakes are for two skills maximum each time.
6. Students will be able to retake previous skills tests at any point during the trimester. Retakes can only be taken during office hours or in class on predetermined dates.
7. The highest grade for each skill will be entered into the grade book. You can access your grade at any time online using the PowerSchool user ID and password.
8. Retakes cannot be taken on the same day of getting help on a specific skill.
9. **Retakes cannot be taken two weeks before the end of the trimester.**

STUDENT NAME

DATE OF SUBMISSION (Mr. Uribe ONLY)

DATE OF RETAKE

SKILL ASSESSMENT(S)

1. _____ 1st Time 2nd Time 3rd Time
2. _____ 1st Time 2nd Time 3rd Time

THE FOLLOWING MUST BE COMPLETED PRIOR TO RETAKING AN ASSESSMENT:

1. Complete missing / absent work specific to the skill AND TWO of the following:
2. Correctly and thoroughly complete an Error Analysis Form for the skill test you are retaking.
3. Complete a minimum of 10 practice problems specific to the skill, making sure you show ALL work.
4. Attend Office Hours and be prepared with questions specific to the skill. Teacher Signature: _____
5. Get help from parent or tutor. Include work done with parent/tutor Parent/Tutor Signature _____

IF TAKING RETAKE AFTER SCHOOL, HOW WILL YOUR SON/DAUGHTER GET HOME?

Student Signature: _____ Parent Signature: _____

Your signature indicates both awareness of the original test grade and permission for retaking the test.