

WALNUT GROVE ELEMENTARY
RETEST REQUEST FORM

Student Name: _____

Test Name: _____

Test Score: _____

Explain why you think you didn't perform well on this test:

I understand that it is my responsibility to help prepare myself for the re-test.

My goal: _____

What am I going to do to reach my goal: _____

Student Signature _____ Date _____

Parent Signature _____ Date _____