

Cambridge High School Humanities Department

Recovery (Relearning & reassessment) contract

Student _____

Teacher _____

Language & level _____

Test to be retaken: Unit/name _____ test score _____

Sections to be retaken _____

Scheduled reassessment date _____ time _____ location: _____

Teacher requirements before retesting (may vary according to student's needs)

Requirement	Date due	Teacher Signature when completed

I understand that I may only retake this test once. I promise to try my best to relearn the material in order to master the content.

Student signature _____

Teacher signature _____

Parent signature _____