

Recove	ery Policy Checklist (you must comp	iete ALL these require	ments to take the reco	overy te	est):	
	☐ The student is eligible to take a recovery test if their grade on a summative assessment was a 69 or lower.					
	The student must ask to take the recovery assessment and submit this Recovery Form within five days of					
	receiving the original assessment back. The student must turn in <u>all</u> assignments from the chapter/unit on which the recovery test is taken. If the					
	student is missing any other assignments from the chapter, they must make up the missing assignments					
	and submit prior to taking the recovery test.					
☐ The student must attend the prescribed help session(s) prior to taking the recovery test, as noted below						
☐ The student must complete the recovery process within 10 days of getting the grade and feedback						
	submitted assignment.					
Notes:						
1)	1) The recovery grade will replace the original test grade, if higher.					
2)	2) The recovery test must be taken by the deadline determined by the teacher.					
3)	3) Students will earn a maximum of ½ the points missed for each question that is answered correctly when					
doing quiz/test corrections.						
Prescribed Help Session Date Prescribed Recovery Date						
COMPLE	TE ALL SECTIONS BELOW					
Last Name		First Name				
				For Tea	cher Use Only	
Today's Date		Course and Period			TR	
					TC	
Test Ch	apter/Unit	Original Grade	Current Grade in Course		HS	
					MW/HW	
Prescribed Help Session Date		Prescribed Recovery Date		New G	ade:	
	stand I must comply with all of the		_		very:	
	Submit the test review, homework, ar			st		
ASCAS	Attend help session(s) with my teacher	er at the time listed above	ve .			
ALA	Have my parents read and sign this fo	rm acknowledging the r	need for me to do recove	ery		
ASTER	Return this form completed and signe	d with <u>five</u> days of recei	iving the original test ba	ck		
l,	and attend prescribed help sessions	$_{__}$, will submit the t	est review, test correc	tions, m	nake-up	
work, a	and attend prescribed help sessions	in order to be eligible	e to take a recovery te	st.		
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(Student S	ignature)	Date				
(Parent Sig	vnature)	 Date				
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