Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unit Test Extension Application** Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period: \_\_\_\_\_\_\_\_\_\_\_\_ .

In order to be **considered** to write the test on the “late test date” this application must be completed, signed by a parent/guardian and submitted in class minimum 3 **days BEFORE** the test date.

A completed application **does not** guarantee acceptance to write at the later date.

|  |  |
| --- | --- |
| **Classwork** | **List / Details** |
| Incomplete Activities |  |
| Incomplete Check-Ins |  |
| Mastery Checks:**Not Attempted** |  |
| Mastery Checks Completed: **Below** **Mastery** (˂80%) |  |
| Incomplete Labs & Assignments  |  |

Reason(s) why you were unable to complete all assigned tasks (if applicable):

Reason(s) you should be considered for a test extension:

Strategies to be used next unit to avoid needing an extension:

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_