

# Thomas Academy School

## **Test Irregularity Parent Notification Form**

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Test: \_\_\_\_\_

Subject: \_\_\_\_\_

Teacher: \_\_\_\_\_

Test date: \_\_\_\_\_

School Test Coordinator: \_\_\_\_\_

Contact number: \_\_\_\_\_

**The following test irregularity occurred during testing today, which invalidates your child's test results.**

**Your child's test will not be scanned or scored, and your child is scheduled to retake the test on:**

Description of Test Irregularity:

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### **Waiver of Right to Retake the Test**

In some cases, you may choose to waive the right for your child to retake the test and accept the scores from the test already taken. Please sign and return this form to the **school test coordinator** before the date listed above. If this form is not returned by the above date, the test will be re-administered to your child as indicated. **Note:** *The test already taken is deemed invalid and will not be scanned or scored unless you choose to waive the right for your child to retake the test.*

- I would like for my child to retake the test. I understand we will not receive results from the original test.
- I do **not** want my child to retake the test. I understand that the results from the test already taken will be used. Furthermore, I understand I am waiving the rights for my child to retake the test.

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**

*Note to staff: This document should be scanned and attached to the OTISS report.*