Placement Testing Referral for a Retest

We encourage all the students to wait at least 30 days to retest. This gives them time to study and receive tutoring services. We have observed that students who retest quickly do not improve their scores.

Student Name: _________________________________________

Phone Number: ____________________________________________

Date of Birth: _______________________________________________

J # or SSN: ________________________________________________

Placement Test to be retaken (check all that apply):

☐ Arithmetic  ☐ Algebra  ☐ College Math
☐ Reading  ☐ Sentence Skills  ☐ ATB
☐ Writing Sample/WritePlacer

Reason for Retest:
☐ Not satisfied with results
☐ Didn’t use testing accommodations (must provide valid documentation; ex. IEP/504 Plan)
☐ Scores do not meet program requirements
☐ Other

_________________________________________________________________________________

_________________________________________________________________________________

Faculty/Staff Requesting Retest (if applicable): _______________________________

*If you have any questions please call Deanna Lothrop; Placement Testing Coordinator, at 315-786-6597. All individuals requesting a retest will be notified by phone.

Signature: _________________________________    Date: _____________________________

FOR OFFICE USE ONLY

Date received: ________________    Accepted ________    Denied ________

Reason for denial: ________________________________________________

Signature: _________________________________    Date: _____________________________

Deanna Lothrop, Placement Testing Coordinator

Date/Time Scheduled: ________________    Initials:  _______    Study Guide: _____yes_____no