Request for the Re-scoring of a Nova Scotia Student Assessment



| Name of Student: | |
|--|--|
| Student ID Number: | |
| Name of School: | |
| Name of Principal: | |
| School Phone Number: | |
| School Board: | |
| Name of person making the request: | |
| | I am the: □ parent or guardian of this student □ student |
| Nova Scotia Student Assessments | |
| 2015–2016 Nova Scotia Assessme | ent: Reading and Writing in Grade 3 |
| □ 2015–2016 Nova Scotia Assessme | ent: Mathematics in Grade 4 |
| 2015–2016 Nova Scotia Assessme | ent: Reading, Writing, and Mathematics in Grade 6 |
| 2015–2016 Nova Scotia Assessment: Reading, Writing, and Mathématiques in Grade 6 | |
| 2015–2016 Nova Scotia Assessme | ent: Reading, Writing, and Mathematics in Grade 8 |
| 2015–2016 Nova Scotia Assessme | ent: Reading, Writing, and Mathématiques in Grade 8 |
| Re-scoring request of | |
| Reading Writin | g 🛛 Mathematics/mathématiques |
| Confirmation of Request | |
| to ensure the scoring of the assessm of the assessment to be re-scored, r been informed that the result of this and that this score will replace the c | ut this request, and have been informed of the measures that have been taken eent in question is fair and accurate. I understand that I will not be given a copy for will I have the opportunity to see the assessment to be re-scored. I have also re-scoring request will be the final determination of the assessment score, wriginal score, even if this results in a lower score. This request will be submitted e communicated to the school principal. |
| Person Requesting Re-score | |
| Name (please print): | |
| Signature: | Date: |
| School Principal | |
| Principal Name: | |
| Signature: | Date: |
| Principal Email address: | |
| Advise your Board Assessment Co Fax this signed form to your Board Details and the second second | d Assessment Coordinator |

3. Retain original re-score form at the school site to be attached to re-scored reports