**Late summative assessment submission**

Literature and Composition

Mr. Cleary

Student name:

Late summative assessment title:

Original due date:

Date of final opportunity to submit the assessment:

Reason for late submission:

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

**Parents/Guardians**: By signing this form, you acknowledge that you and your son/daughter/student under your care have discussed the circumstances surrounding his/her late summative assessment. You acknowledge that, through this discussion, your son/daughter is earning the privilege of submitting the late summative assessment FOR FULL CREDIT within a two-week window of the assessment’s original due date.

Please contact me with any comments/questions/concerns you may have regarding the performance of your son/daughter/student under your care.

* **By phone**: 893-6911 ext. 1586 (best time to call is between 2:40 and 3:45 p.m. – please leave a message if I’m not available)
* **Through email**: mrclearyphs@gmail.com. NOTE – any emails sent to my school email address (listed on the school district website) might automatically end up in my Spam folder.

Parent/Guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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