**Relearning/Reassessment Plan (Major Assessments Only)**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class/Period:

**DIRECTIONS**: Work with **Coach Johnson** to complete this form in its entirety and then turn into **Coach Johnson** for reassessment after all signatures have been obtained.

**STEP 1: GENERAL INFORMATION**

1. What is the name of the major assessment you would like to reassess?
2. What is the score on your original assessment?
3. How many times have you completed a reassessment for this major assessment already?
4. What is your goal for reassessment?

**STEP 2: REFLECTIONS**

What skills and concepts did you struggle with the most on this assessment?

It is my genuine desire to help you to reach your goal. To assist you in your self-reflection, please answer the following questions pertaining to your study habits, understandings, and mistakes that are requiring you to complete a reassessment.

1. To improve my study habits, I will
2. To strengthen my understanding, I will
3. To learn from my mistakes, I will
4. What else could you do in the future to increase your assessment scores to 70+%?
5. How can Coach Johnson help you reach your goal?

**STEP 3: ACTION PLAN**

1. ***What steps does your teacher want you to take for the relearning process?***
2. Provide **handwritten** proof of test corrections (notating where the correct responses were found in the course textbook/PowerPoint/etc.).
3. Complete & submit **all** incomplete/missing assignments from the assessment’s chapter/unit prior to retake.
4. ***What will you do to prepare for the relearning process?***

**STEP 4: SCHEDULED REASSESSMENT DATE/TIME/LOCATION**

Students can request a day and time to retake their assessment via Remind. Within 24 hours of all steps being complete and all signatures obtained Coach Johnson will approve a mutual date and time for students to be reassessed. Please note that reassessments should be completed **within 7 school days** of receiving the original grade. Teachers have discretion to extend the timeline to address extenuating circumstances.

It is the student’s responsibility to complete all items on this form and confirm reassess date and time. If the student fails to attend the reassessment at the scheduled time, the student understands they forfeit any future reassessments for this specific assessment. Students who “no call, no show” two reassessment times must meet with administration, teacher and parents/guardians before being allowed to schedule another Relearn/Reassess.

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*The below signatures indicate that I (the student) am aware of my responsibility to relearn and the expectations to be allowed to reassess. Furthermore, I have explained the process to my parent/guardian.*

Student signature/date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature/date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing below, I, the teacher, agree that the student has met the criteria to reassess and is allowed to do so as designated below.*

Teacher signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Scheduled Reassessment***

Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reassessment #: \_\_\_\_\_\_\_\_\_\_\_\_ New Score: \_\_\_\_\_\_\_\_