



Mrs. Sarenia Johnson

Student Relearn and Reassess Plan

Student Name: _____ Teacher Name: _____
Period: _____ Assessment Date: _____
Assessment Name: _____ Original Score: _____
Standard(s)
Addressed: _____
Is this your first reassessment attempt? ☐ Yes ☐ No Is this your second reassessment attempt? ☐ Yes ☐ No
New Assessment Date: _____ New Score: _____



Work with your teacher to complete this relearning and reassessment plan. Discuss the plan with your parent and submit the form to your teacher within **5** days of the assessment. Before the new assessment can be given you must complete the steps in the relearning plan.

REFLECTION

What steps can you take to improve your understanding?

Relearning Plan

What will you do to prepare for the reassessment? Describe your plan below?

Select at least 2 options

	Complete and submit ALL incomplete or missing work.	Attend afterschool tutoring with my teacher. Tutoring passes will be issued.	Print the original assessment and make corrections. Corrections must be signed by a parent at the top.	Complete online remediation modules/assignments as assigned by the teacher, with a score of 0% or higher.
Option 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note you only have 2 weeks to reassess after the original assessment. All relearning plan assignments must be completed at least 24 hours prior reassessment.

What is your target reassessment date?

Teacher agreements

Once you have completed this form AND the required relearning plan, you will have earned the right to retake the assessment. Please sign up for a specific date and time with your teacher. This will typically happen after school on Tuesdays or Wednesdays.

Student Agreements

I understand that this is an opportunity for me to demonstrate mastery of the content covered in the learning unit. This request, if approved by my teacher, earns me the right to reassessment for full credit, as outlined in the RCBOE grading policy. I also understand that the reassessment prerequisites must be strictly followed in order for me to be permitted to reassess.

Parent Phone Number: _____ Parent E-mail: _____

Student Signature

Parent Signature

Teacher Signature

Sign and date in this box if you would like to opt out of the relearning and reassessment option and keep your original assessment grade.