

Relearning/Reassessment Plan (Major Assessments Only)

Student's Name: _____ Date: _____

Teacher's Name: _____ Class/Period: _____

DIRECTIONS: Work with your teacher to complete this form and then turn into your teacher for reassessment.

STEP 1: GENERAL INFORMATION

What is the name of the major assessment you would like to reassess? _____

What is the score on your original assessment? _____

How many times have you completed a reassessment for this major assessment already? _____

What is your goal for reassessment? _____

STEP 2: REFLECTIONS

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

Everyone wants you to reach your goal. To help you reflect on your study habits, understandings, and mistakes, complete the sentence starters below.

To improve my study habits, I will

To strengthen my understanding, I will

To learn from my mistakes, I will

Anything else you want your teacher to know?

How can your teacher help you reach your goal?

STEP 3: ACTION

What action steps does your teacher want you to take for the relearning process? Two or more reassessments require after school study session/tutoring.

- ☐ Test Corrections:
 - a Identify the correct answer and explain why it is correct.
 - b Identify location correct answer found
- ☐ Complete study guide
- ☐ Complete Review Assignment in Progress Learning

Due: _____

What will you do to prepare for the relearning process?

SCHEDULED REASSESSMENT DATE/TIME/LOCATION: You must **email** your teacher to request a day and time to retake your assessment. Except for weekends and holidays, your teacher will respond, confirm a day, and time. 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. Student's who "no call, no show" two reassessment times must meet with administration, teacher and parents/guardians before being allowed to schedule another Relearn/Reassess.

Relearning/Reassessment Plan (Major Assessments Only)

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 Number: _____ New Score: _____