

## Relearning/Reassessment Plan (Major Assessments Only)

Student's Name: \_\_\_\_\_

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

Teacher's Name: \_\_\_\_\_

Class and Period: \_\_\_\_\_

**DIRECTIONS:** Work with your teacher to complete this form in its entirety 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 all missing assignments:
- ☐ Complete study guide
- ☐ Complete Review Assignment: \_\_\_\_\_ Due: \_\_\_\_\_
- ☐ Study Session: Required hours \_\_\_\_\_
  - a Date Completed: \_\_\_\_\_ Teacher: \_\_\_\_\_

What will you do to prepare for the relearning process?

---

---

---

**SCHEDULED REASSESSMENT DATE/TIME/LOCATION:** Your teacher will assign a day and time to retake your assessment after all steps are complete and all signatures are obtained. 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: \_\_\_\_\_