**WHS Math Department Relearn/Reassess Contract**

Name of assignment/assessment (standard) you would like to redo/retake: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your score on the assignment? \_\_\_\_\_\_\_

**REFLECT:**

Please check why you did not meet the standards on this assignment:

* I didn’t study appropriately. Explain:

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* I didn’t understand: (*explain, what part(s) didn’t you understand?*)

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* I made careless mistakes on:

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* Other:

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What could you have done better on your last attempt at this assignment/assessment?

What do you need from the teacher to help you do better (*be specific*)?

**ACTION**:

In order to retake/redo this assessment/assignment, you must complete the following steps:

1. Complete the retake/redo contract and share with me.
2. Complete required instructional/ relearn responsibilities prior to retake/redo.
3. Schedule your retake/redo using <https://forms.office.com/Pages/ResponsePage.aspx?id=QC2yMGJzF0-DqSUwkntvZWdTxow3QAhAmaQRTZYhqSJUQzhLVlYyM1JNOEZUSUxMOVZISTQ0TzlISC4u>

**Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**