Assessment Reflect and Relearn Request Form

Name:					Date:
Subject Unit:	Social	Writing	Math	Science	ELA/Reading
	Studies				
Assessment:					
Original Score:		Date Student Received			
			Score:		

Any student who earns a score of 70 or lower on a MAJOR assessment may request a **redo** of the original assessment. (unit test, projects)

Any student who earns a score of 75 or lower on a MINOR assessment may request a redo of the original assessment. (comprehension checks, quizzes)

After a **MAJOR** assessment, students can submit a relearning plan for parent and teacher approval. Upon satisfactory documented completion, the student will be given the opportunity for reassessment.

Students will have 10 calendar days to complete their learning plan and reassess, replacing the original.

Directions: Attach your ORIGINAL mastery assignment to this sheet, with this sheet on top. You will NOT be able to retake/redo the assignment without this sheet completed and signed by your parent/guardian.

student to correct and return the assignment.	return the assignment. return the student to review the skills addressed on the this may be adjusted
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Student Reflection:

In your own words, why did you not do well?

How did you prepare for the assignment? Be specific

Preparation:

Explain how you plan to prepare differently for the retake. You must choose at least 3 options from the list or create your own.

Complete a study guide	Complete any missing assignments	Correct the original test and
Create and submit flashcards	Write and submit all notes on	complete reflection.
Create a 10-question practice test	index cards	Use a thinking map to organize
with answers.		learning of topic, review
Complete an online learning tool		vocabulary
skill, provide proof of completion.		

- □ By signing below, you agree to the requirements for reassessment and will complete the learning plan and reassess by date outlined below.
- □ I understand I can reassess; however, I decline to proceed.

Student Signature:	Date:
Parent/Guardian Signature:	Date:
Teacher Signature:	Date:

To be completed by teacher					
Date form returned:	Approval: YES NO If not, reason	Date of reassessment must be completed by:			