

Reassess/Relearn Plan for Playing Quiz

Name _____

Date: _____

Teacher's Name _____

Class Period: _____

DIRECTIONS: Please work with your teacher to complete this form and then turn it into your teacher for reassessment consideration.

STEP 1: GENERAL INFORMATION

What is the title of the assignment you would like to reassess (include measure numbers if applicable)?

What did you score on the original assessment? _____

What is your goal for reassessment? _____

STEP 2: REFLECTIONS

What skill and concept did you struggle with the most on this assessment? _____

To improve on your reassessment, please indicate below your plans for your practice.

Number of minutes of daily practice: _____

What I will practice: _____

What concept/concept I will focus on during practice (ex. Bowing, rhythm, correct finger pattern, intonation, tone) _____

How can the teacher help you reach your goal? _____

STEP 3: ACTION PLAN

What action steps will you take for the relearning plan?

___ I will play the selection in person

___ I will submit a recording of the selection

The teacher looks forward to helping you as you improve and learn. 😊

SCHEDULED REASSESSMENT DATE: _____

(Teacher Signature)

(Student Signature)

(Parent Signature)

