

ARC Student Relearning/Reassessment Plan

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?

The following are *suggestions* for relearning: test corrections, complete all missing assignments, tutoring, self-paced lessons in Canvas, peer-to-peer tutoring, FEV tutoring/IXL/Khan Academy/AP Classroom/USA Test Prep/Edgenuity/Kognity, review feedback from class assignments.

What will you do to prepare for the relearning process?

SCHEDULED REASSESSMENT DATE/TIME/LOCATION: _____

Please check this box if you would like to opt out of the relearning and reassessment process and keep your original assessment grade.

Parent Email: _____

Parent Phone Number: _____

(Teacher Signature)

(Student Signature)

(Parent Signature)