

REQUEST TO REASSESS

Student Name:	Date:
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Assessment to redo:	Score:
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Reflect on your original score.

Explain why you earned this score. (What did you NOT do/understand?)

What TWO actions have you taken to improve your understanding of the topic? (reread sections and take notes/highlight main ideas, create chart/flashcards, have a friend quiz you, write quiz/test questions of your own, draw picture or diagram of a main idea, etc.)

1	2	3
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Attach the following to this sheet:

Proof of your 3 actions (above)

Student Signature

Parent Signature

USE THIS AS YOUR PASS TO COME RETAKE ASSESSMENT

FILL OUT AFTER SHOWING THIS TO MRS. CARDWELL

<p>You are ready to reassess:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>When will you take the reassessment?</p>	<p>Teacher Signature</p>
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