

Assessment Retake Reflection and Permission Form

Name: _____

Assessment: _____

Original result: _____ Date of original assessment: _____

Steps to Retake Assessment

1. Complete the reflection and permission form.
2. Complete all homework questions related to the assessment.
3. Complete assessments corrections on a separate page.
4. Attend extra help to reinforce content.

Student Reflection

Why did you not do well on the assessment?

Number of hours studied: _____

- | | |
|---|--|
| <input type="checkbox"/> I did not study at all | <input type="checkbox"/> I did not listen during class |
| <input type="checkbox"/> I did not study enough | <input type="checkbox"/> I did not come for extra help when needed |
| <input type="checkbox"/> I did not ask questions during class | <input type="checkbox"/> I did not do my homework |
| <input type="checkbox"/> I was not focused during class | <input type="checkbox"/> I did not copy the class notes |
| <input type="checkbox"/> I did not have a memory | <input type="checkbox"/> My memory aid was incomplete |
| <input type="checkbox"/> I was absent too often | |

Preparation

How will you prepare differently for the retake?

- | | |
|---|---|
| <input type="checkbox"/> Study a minimum of 15 minutes each day | <input type="checkbox"/> Complete homework |
| <input type="checkbox"/> Attended extra help | <input type="checkbox"/> Obtain missing class notes |
| <input type="checkbox"/> Organize binder | <input type="checkbox"/> Rewrite notes |
| <input type="checkbox"/> Create a new memory aid | <input type="checkbox"/> Redo homework or assignments |
| <input type="checkbox"/> Use online resources to study | |

Permission Form

I request the opportunity to retake an assessment by completing the above steps.

Student signature: _____ Date: _____

Guardian signature: _____ Date: _____

Teacher signature: _____ Date: _____

Principal signature: _____ Date: _____

A retake for this assessment is scheduled for: _____