REQUEST TO REASSESS	NamePeriod
Assessment Title:	
Original grade: Retest grade:	Date of Retest:
You <i>may</i> reassess a score up to a 70. Bring this contract to y reassess. You have until the teacher assigned due date to full	
*Attach your original assessment missed questions (reworke complete.	ed) to this sheet along with any additional work you
Explain why you think you did not score well on this test.	
Reassessmer	nt Deflection
Directions: Look at your assessment results and organize th proficient, (2) the topics for which you need a little extra pra	em into three categories: (1) the topics with which you are
Part A: Areas	s of Strength
1. I've reached the proficient or advanced level on th	ese topics:
Part B: Areas for Improvement	
2a. I need a little extra practice on these topics due to simple misunderstandings:	3a. The topics that require more studying since I'm not sure what went wrong are
2b. I will overcome these simple misunderstandings by	3b. My learning plan to improve my proficiency within these topics is (choose 2) Make corrections on the test Attend afternoon tutoring if needed Other:

By signing below, you are agreeing to all requirements indicated on the contract. In order to receive a reassessment grade, all items on the contract **must** be completed.

Student signature _____

Parent signature_____