

Retake Form

Moving towards meeting the standards! Form required for all retakes or redos of assessments.

Part I: Basic Information

Name: Last day to retake test/turn in redone assignment? ____/____/____

(2 week from 1st attempt) Day Mo Yr

Assessment Name:

Per:

Original Score: ____ / ____ pts (____%)

Part II: Reflection (for the assessment did I... *Be honest with your answers!)

- | | | | | |
|--|------------------------------|----------------------------------|-----------------------------|--|
| 1. Completed assignments and readings assigned | ☐ Yes | ☐ Kind of | ☐ No | |
| 2. Reviewed old assignments? | ☐ Yes | ☐ Kind of | ☐ No | |
| 3. Completed the study guide and/or review? (if you had one) | ☐ Yes | ☐ Kind of | ☐ No | ☐ Na (none given) |
| 4. Reviewed my notes every day? | ☐ Yes | ☐ Kind of | ☐ No | |
| 5. Used flash cards to study? | ☐ Yes | ☐ Kind of | ☐ No | |
| 6. Had my parents and/or others quiz me? | ☐ Yes | ☐ Kind of | ☐ No | |
| 7. Paid attention and worked hard in class | ☐ Yes | ☐ Kind of | ☐ No | |
| 8. questions about material I didn't fully understand? | ☐ Yes | ☐ Kind of | ☐ No | |

Part III: Next Steps

1. What were the main reasons/causes for why you did not achieve the level of mastery desired?

2. What are the steps I will take to achieve mastery of this standard(s)?

Part IV: Communication

What are the requirements from Ms. Fontaine to be able to retake/turn in this assessment? Once you have completed her list be sure to attend flex if help is needed.

When did you arrange to retake/turn in this assessment with your teacher? *Must be within 2 week of initial assessment.

Student Signature: _____ (Verifies you have filled out this form completely)

Teacher Signature: _____ (Verifies this form is filled out correctly)