Reassessment Agreement Application

I, ______, would like to re-take my last assessment. Below is my reasoning and explanation as to why I would like to improve my understanding of the science topics being taught and how I am going to master them.

I would like to be re-assessed on the following assessment.

(Write the name of the assessment below in the box.)

I didn't do so well on this assessment last time because:

(Explain what was wrong about your thinking. Do not say things like, "I didn't study." Write about what was wrong about your old method.)

I will complete the following activities as extra practice to prepare for my reassessment.

(Remember, you must do meaningful practice in order to show you are trying to reach mastery and attach the practice to this application to be handed in on the day of the re-assessment.)

Required work:

Reassessment Information-Testing opportunities will take place on Thursday before or after school (unless specified differently) at 7:45-8:20 am or 3:30-4:45 pm. This is the only days the reassessment will be given, no exceptions. Your signatures will indicate that you are aware of this and will drop off and/or pick up your child accordingly.

Date:	Time:	Location: Room 113/ Mr. Kensicki's Classroom

Student Signature:_____

Parent Signature:_____